



New Cardiology Patient Form

Please fill out **both sides** to the best of your ability in the greatest **detail** possible. Thank you!

Patient Name: _____ **Last Name:** _____

1. What is the heart problem (murmur, abnormal heart rhythm, etc)? For how long has it been going on?

2. Do you feel your pet is uncomfortable when breathing or has difficulty breathing? If yes, please **describe**:

3. Do you feel like your pet has become exercise intolerant? Has your pets' energy level changed at all? For how long? If so, please **describe**.

4. Does your pet exhibit any coughing? How long has the cough been going on? Please **describe** the cough and if it has increased.

5. Has your pet experienced any signs of fainting? Does he/she urinate or defecate during the episode? How long does the episode last for? How many times has it happened?

6. Does your pet have any prior heart, lung, or airway (windpipe or trachea) problems? If yes, please **describe**.

7. Does your pet have any other health problems or surgeries? If yes, please **describe**:

8. Does your pet have any vomiting / diarrhea / sneezing / lethargy? If yes, please **describe**. (For how long, how many times, etc)

9. Does your pet have any recent increase of thirst or urination? If so, for how long has it been going on? How often do they need to go outside?

10. When did you acquire your pet? Is there any other pets at home? Any recent travel history?

11. What diet is your pet on? Is it grain free? Any recent changes in his/her appetite or weight loss/gain?

12. What vaccines is your pet up to date on? Does he/she receive flea/tick & heartworm prevention every month? What are the names of the preventatives they take monthly?

13. Current Medications / Supplements:

_____ / tablets or liquid / _____ mg /how many times a day? _____ / for how long? _____

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Cardiology Exam Fees:

Cardiology first consultation	\$ 165
Cardiology recheck exam	\$ 100
Echocardiogram and rhythm strip	\$ 430
ECG-6 lead	\$ 120
Blood pressure measurement	\$ 35

NOTE: Blood pressure measurement, ECG, and echocardiography are additional tests and are not included in the consultation fee. These tests will only be performed if necessary by the clinician. Please let us know if you have any questions before these tests are performed.

I the undersigned, have read, understand, and completed this form.

_____/_____
Client signature / Date