



Briar Patch

VETERINARY HOSPITAL
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Cardiology Referral Form

Today's date: _____

Patient Name: _____ Age: _____ Wt: _____

Signalment: _____

Date of Rabies vaccination: _____ Rabies vaccine type (circle one): 1 year/3 year

Referring Vet / Hospital: _____

Phone number / email address: _____

Pertinent History / Reason for Referral:

Current Medications (please include flea/tick/heartworm preventatives):

Please send radiographs and current blood work if available.