CACC
Companion Animal Cardiac Care

REFERRAL FORM

Referring Clinic:	
Referring DVM:	Phone:
Address:	Fax:
Preferred clinic email to send case-related documents:	

Pet's name:	Client's name:
Pet's breed:	Pet's age:

1. Brief history/Reason for referral:

2. Current clinical signs (cough/exercise intolerance/syncope/etc.):

3. Concurrent health problems (non-cardiac):

4. Current medications

5. Tests requested:
   - ☐ Consult & Echocardiogram
   - ☐ ECG
   - ☐ Holter monitor

Please complete this form for each patient and fax it to CACC at 888-550-8310 or scan it and email to LBR@caccvet.com. Thank you for your referral!