**Cardiology Case Review Request**

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| --- | --- |
| **Veterinarian:**  | **Email:**  |
| **Practice:**  | **Phone:**  |
| **Invoice address (including practice email):**  |
| **Species:** | Canine [ ]  Feline [ ]  Other (give details) [ ]  |
| **Name:** |  | **Weight (kg):** | **BCS (/9):** |
| **Age:** |  | **Breed:** |  |
| **Sex:** |  | **Neuter status:** |  |

**Brief clinical history including treatment:**

**Please indicate which service you would like:**

**ECG or Radiograph interpretation**

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