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## ECG Consultation

STAT

Requesting Veterinarian		
Hospital Name		
Today's Date	Phone	Fax

Patient Name		Client's Last Name	
Species	<input type="checkbox"/> Canine <input type="checkbox"/> Feline	Breed	Gender M MN F FS Age

ECG Submitted (please specify)      Lead(s) \_\_\_\_\_      Paper Speed \_\_\_\_\_

Clinical History
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<b>Cardiovascular Physical Exam Findings</b>	
Heart Rate _____	Murmur YES NO (If yes, please complete the following)
Location LEFT RIGHT	Grade _____ /VI Gallop YES NO
Respiratory Rate	Lung Field Auscultation
Pattern	<input type="checkbox"/> EUPNEIC <input type="checkbox"/> MILDLY INCREASED EFFORT <input type="checkbox"/> DYSPNEA
Femoral Pulses	<input type="checkbox"/> BOUNDING <input type="checkbox"/> STRONG <input type="checkbox"/> MODERATE <input type="checkbox"/> WEAK <input type="checkbox"/> PULSE DEFICITS

Thoracic Radiograph Findings
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Comments
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Please Fax to 503-557-8672 or mail to the address above. Include additional reports as needed.  
 Same day response will be provided when Dr. Rausch is on clinics.  
 His schedule is typically Tuesday – Friday.

For additional copies of this form and other NWVS forms, please visit [www.northwestvetspecialists.com](http://www.northwestvetspecialists.com)

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