



PAUS Pet Animal Ultrasound Service

Clinical Information for Scheduled Patients

Please fax this information **before** the scheduled date

Fax to: 781-447-4815

SCHEDULED DATE OF SERVICE: _____

Requested exam(s): CARDIAC (ECHO) _____ ABDOMINAL U/S** _____

If abdomen, patient **should be NPO from supper meal the night before (unless diabetic or other).
Also, a reasonably **full bladder** is desirable.

* Veterinary Hospital:

* Requesting Doctor (first & last):

* Pet Owner Name (first & last):

* Pet Name:

* Species/Breed:

* DOB (Required, even if approx):

Age:

* Sex (circle): M MN F FS *** Weight:

* **Blood pressure** (always with echocardiogram):

Previous ultrasound? (date) _____ (please fax report also)

Please have copy of the report available on day of examination

Information below to be filled in by doctor, please

History/clinical presentation/pertinent physical exam findings:

CBC/Chem/UA values (abnormal only):

Current meds and dosages:

Radiography results: