PULSE
PET ULTRASOUND SERVICES

Email: info@pulsepetus.com **Phone Number:(787) 927-6027**

ULTRASOUND REFERRAL FORM (for referring Veterinarian ONLY not Pet Owners)

Owner's Name: _____ **Phone Number:** _____

Address: _____

Pet Owner's Email: _____

Pet's Name: _____ **Species:** *Canine* ☐ *Feline* ☐ **Breed:** _____

Color: _____ **Age:** _____ **Weight:** _____

Sex: *Male* ◯ *Female* ◉ *Neuter Male* ◯ *Spayed Female* ◯

Referral for: *Abdominal U/S* ☐ *Echocardiogram* ☐ *Thoracic (non cardiac) U/S* ☐ *Neck U/S* ☐
Pregnancy U/S ☐ *Musculoskeletal U/S* ☐ *U/S Guided Fine Needle Aspirate* ☐
U/S Guided Centesis: Cysto ☐ *Thoraco* ☐ *Abdomino* ☐ *Pericardial* ☐ *Prostato* ☐ *Cholecysto* ☐
Blood Pressure ☐ *Electrocardiogram EKG* ☐ *Other:* _____

Differential Diagnosis: _____

Current Medication(s): _____

History (symptoms or clinical signs, physical exam findings, procedures, SX, dates, etc.):

_____

_____

_____

_____

_____

Laboratory Tests performed and Results: (CBC, CHEM, T4, HW Test, Fecal, U/A , Xrays, cPL, FIV/FELV etc.)
You can email laboratory tests results with this form *The more information provided (history, PE, test results, etc) the better.

_____

_____

_____

Veterinarian Name (print): _____

Veterinarian signature: _____

Hospital Name and Contact Number: _____

Veterinarian email to receive ultrasound report: _____

Date: _____