



California Pet Cardiology

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Patient Referral Form

Today's Date: _____

Clinic Name: _____

Veterinarian Name: _____

Contact Email: _____

Pet Name: (First) _____

(Last) _____

(ID #) _____

Species/Breed: _____

Sex: _____

Chest X-Rays? (Y/N) _____

DOB: _____

Weight (Kg): _____

Blood Pressure _____

Relevant History/Reason for exam:

Current Medications (if cardiac meds, please provide doses):

Recent Heartworm test/Prevention? (Y/N) _____

Rabies vaccinated? (Y/N) _____