COAST TO COAST CARDIOLOGY
A VETERINARY SERVICE

Patient Information:

Name _____ **Species** ❑ Dog ❑ Cat ❑Other _____

Breed _____ **Color** _____ **Birthdate or Age** _____

Gender ❑ Male Castrated ❑ Female Spayed ❑ Male Intact ❑ Female Intact

Microchipped ❑ No ❑ Yes, # _____ **Weight** _____

Are there any temperament issues of which we should be advised of? ❑ No ❑ Yes _____

May we use images and the first name of your pet on our website? ❑ No ❑ Yes

Human Companion Information: (Please update with any new or additional information)

Name _____ **Email** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Home Phone _____ **Cell** _____ **Work** _____ **Occupation** _____

Who else has permission to make decisions on behalf of your pet? List name and contact information:

_____

How did you hear about us _____

Referred by _____

Previous, current and future Veterinarians involved in this patients care:

Family Veterinarian _____ **Hospital** _____

Additional Veterinarian(s) _____ **Hospital(s)** _____

_____

I understand that payment in full is due at time of services. I agree to assume financial responsibility for all professional fees, and agree to pay CCC when services are rendered. I understand that a fee of $35.00 will be incurred for all returned checks or credit card fees. Additionally, a service fee of 10% will be charged monthly on all unpaid balances. CCC may also recover reasonable attorney's fees and court costs incurred as a result of my failure to pay in accordance with this authorization.

Signed: _____ **Date**: _____

COAST TO COAST CARDIOLOGY
A VETERINARY SERVICE

Medical History Form

Patient _____ Human Companion _____ Date _____

Chief Complaint (reason for visit) _____

When was this first noticed? _____

Is it getting better or worse? _____

Is there a time of day or activity in which it is worse? _____

Current Medications	Tablet size (mg) or Concentration (mg/ml):	Amount: (ie, # tabs, mls)	Frequency: (times/day)	Date started:	Reason started:	Response (+ or -):	Need refills ?:

Are there any other pets in your household? ❑ No ❑ if Yes, what species _____

Do any of your pet's genetic relatives have heart disease? ❑ No ❑ if Yes, what type?_____

Heartworm tested? ❑ No ❑ If Yes then when? _____ Results _____

Heartworm Preventative? ❑ No ❑ If Yes then what Brand _____

❑ Seasonal monthly ❑ Year-round monthly

Flea Preventative? ❑ No ❑ If Yes then what Brand _____

Date of last vaccinations? _____

Appetite: ❑ Normal ❑ Abnormal _____

Weight: ❑ Normal ❑ Weight loss ❑ Weight gain

Attitude/Energy: ❑ Normal ❑ Abnormal _____

Breathing: ❑ Normal ❑ Abnormal _____Rate While Sleeping:_____/min

Any Coughing: ❑ No ❑ if Yes, then when did it start _____

Associated with activity: ❑ No ❑ if Yes, then which activity(ies)_____

Associated with a particular time of day: ❑ No ❑ if Yes, then what time(s) _____

❑ Wet cough ❑ Dry cough

Any Weakness: ❑ No ❑ if Yes, then please describe _____

Any Collapse: ❑ No ❑ if Yes, then when and for how long _____

Any other extended history that we should be made aware of? _____

_____

_____

Are any general anesthetic events planned in the future? ❑ No ❑ If Yes, when _____

What procedure? _____

Cardiology Diet History Form

COAST TO COAST CARDIOLOGY
A VETERINARY SERVICE

Patient _____ Human Companion _____ Date _____

1. **How is your pet's appetite?** ❑ Poor ❑ Fair ❑ Good ❑ Excellent ❑ Ravenous

2. **Has your pet ever been on a boutique/exotic/grain free/raw diet?** ❑ Yes ❑ No

3. **Does your pet have any known food allergies?** ❑ Yes ❑ No

4. **Please list all current pet foods, people food, treats, dental chews, rawhides, and anything else that your pet eats below.** Provide enough detail that we could buy the exact same food.

Food (include specific product and flavor):	**Form:**	**Amount:**	**Frequency fed:**	**Fed since:**
Example: Purina ProPlan Rice and Salmon	*Dry*	*1.5 cups*	*2x/day*	*Feb 2017*
Example: 97% Lean Turkey	*Microwave*	*4 oz*	*1x/week*	*December 2009*
Example: Greenie Dental Chew	*Treat*	*1*	*1x/every other day*	*June 2011*

5. **Do you give any supplements (vitamins, fatty acids, glucosamine, antioxidants, etc.) to your pet?**
❑ Yes ❑ No

If yes, please include specific brand:

Brand/Product:	**Amount per day:**
Example: Nature Made/Fish Oil	*500mg/day*
Example: VetriScience/Multivitamin	*2 chews/day*

6. **How do you administer medications?**
❑ N/A ❑ Directly in mouth ❑ In pets' food ❑ Treats/pill pockets ❑ In other food (list)

www.CCCvetService.com

COAST TO COAST CARDIOLOGY
A VETERINARY SERVICE

As a reminder, respiratory rates and heart rates that are outside of normal ranges for your pet can indicate an underlying problem that requires prompt veterinary attention

- To obtain a respiratory rate, count the number of times your pet breathes (in and out is one count) over 15 seconds, and multiply that number by 4 to obtain the respiratory rate per minute. Remember to take respiratory rates when you r pet is sleeping or resting, as rates can be affected by exercise, excitement, smelling, or purring.

- To obtain a heart rate, place your hand on the left side of your pets chest just underneath their elbow until you can feel the heart beating. Count the number of times their heart beats over 15 seconds, and multiply that number by 4 to obtain the heart rate per minute.

Date	Time	Respiratory Rate	Heart Rate	Comments/Other

Normal Values

Respiratory Rate: Below 30 breaths per minute is considered normal for both dogs and cats

Canine Heart Rate: Heart rates between 60 and 160 are considered normal

Feline Heart Rate: Heart rates between 120 and 220 are considered normal

Please alert Coast to Coast Cardiology or your Primary Care Veterinarian if you detect any measurements that are out of the ranges provided, or at any time if you are concerned about how your pet is doing.