



Veterinary Cardiology Consultants

William A. Brown, DVM, ACVIM (Cardiology)

Joanne L. DeSana, DVM, ACVIM (Cardiology)

CLIENT INFORMATION

Client Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email: _____

Employer: _____ Work #: _____

Driver's License Number: _____ Date of Birth: _____

PET INFORMATION

Pet's Name: _____ Age: _____ Male Female Spayed/Neutered

Species: Dog Cat Other: _____ Breed: _____

Reason for visit today: _____

Is your pet taking any medication(s)? If yes, please list: _____

Does your pet have any other health problems? _____

YOUR VETERINARIAN'S INFORMATION

Office Use: preferred method of receiving reports: _____

Regular Veterinarian: _____ Phone #: _____

Clinic Name: _____ Fax #: _____

VETERINARY CARDIOLOGY CONSULTANTS CLIENT PERMISSIONS

I am the owner of the above pet, or am acting as an agent for the owner, and accept full responsibility for fees involved with the care and treatment of this pet. I give permission to proceed with any medical therapy as needed and discussed with the doctor. I can be contacted at the above phone numbers to be advised and give consent to any unforeseen changes. I understand that all professional fees are due at the time services are performed.

- I give VCC permission to obtain medical records from veterinary clinics that have previously cared for my pet.
- I give VCC permission to share the results of my pet's evaluation with the veterinary office indicated above.

We may wish to share patient photos in social media posts. Please indicate if you give VCC permission to share photos of your pet.

- Yes
- No

Owner Signature: _____ Date: _____