Animal Medical Clinic

4655 Research Park Blvd., Huntsville, AL 35806
Phone: (256) 837-9700 Fax: (256) 864-0868
info@amchuntsville.com

AAHA ACCREDITED
The Standard of Veterinary Excellence

Patient: _____ Owner: _____

Species: _____ D.O.B.: _____ Breed: _____

Sex: _____ Color/Markings: _____

Vaccine History: _____

Type of Ultrasound Request (circle): Abdominal Cardiac Bladder

Medical History: Please be as detailed as possible.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Current Medications and Dosages: Please be as detailed as possible.

_____

_____

_____

_____

_____

_____

Would you like this ultrasound sent for review by a specialist (telemedicine)? Yes No

Please send all bloodwork, radiographs (with orthogonal views) and other diagnostics along with this form. Please e-mail or fax the information ahead of time if possible. Also, send a copy with the owner on the day of the pet's appointment. All patients must be fasted for 12 hours prior to ultrasound. Failure to provide a history and necessary information may result in delays for your client and possibly cancellation of their appointment.

Referring DVM's Name: _____

Hospital: _____

Phone: _____ Fax: _____ Email: _____