



# INSTITUTE of VETERINARY SPECIALISTS MOBILE REQUEST FORM

(EFFECTIVE JANUARY 1, 2021)

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Breed: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex:  Male, Intact                       Female, Intact  
 Male, Neutered                       Female, Spayed

Veterinarian: \_\_\_\_\_

Previous ECG transmitted / echocardiogram performed  
(date/report number if applicable):  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Your Clinic's Hours of Operation: \_\_\_\_\_

**Date Requested:** \_\_\_\_\_ *We will attempt to accommodate your scheduling needs to the best of our ability, based on current availability. Please call 1-888-844-1019 for upcoming dates to your area, or if you have any other questions.*

**Please Select One:**

- Drop-off Appointment
- Owner Appointment - additional fee

**Please Select One:**

- Single Body System (Echocardiogram)
- Single Body System (Abdominal Ultrasound)
- Double Body System (Echocardiogram **and** Ultrasound)

**Include:**

- Travel Fee - (travel fee charged per hospital visit, NOT per appointment)

Miscellaneous Fees:

**No Show fee\*\***

**Emergency Fee\*\*\***

\*\*A "no show fee" is charged when there are no patients to be seen at your clinic once we are en route.

\*\*\* An "emergency fee" is applied when a facility is added to a trip on short notice.

The total fee includes a review of the medical record, lab values, any thoracic radiographs, as well as a physical examination and color flow Doppler echocardiography/ultrasound. You will receive a written report at the time of the evaluation. On the day of the appointment, we recommend that all patients are dropped off by 8:00 AM. If, for any reason, a patient is not present when our specialist arrives, there is no guarantee that the patient can be seen.

You will be promptly contacted via fax as confirmation of receipt of your request. **This is not a confirmation of your appointment.** Appointment times are finalized and confirmed with you in the afternoon of the business day before the scheduled evaluation. **If you do not receive a confirmation fax within 7 days of the scheduled trip, please contact us immediately to ensure receipt of your request.**

Payment is due upon completion of each visit and may be made by Check, Visa, MasterCard, American Express, or Discover.

I have read and understand that if a patient isn't present when the specialist arrives, there is no guarantee that they can be seen. **Initial Here:** \_\_\_\_\_

I have read and understand the terms listed above. **Veterinarian's Signature:** \_\_\_\_\_

Who may we contact at your clinic regarding this request?: \_\_\_\_\_

**Please FAX to 1-888-844-1413**