



# Institute of Veterinary Specialists Cardiac Event Recorder (CER) Request Form

(Effective April 1, 2014)

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

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

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

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

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

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

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

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

Sex:  Male, Intact  Female, Intact

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

Male, Neutered  Female, Spayed

Reason for CER Monitoring: \_\_\_\_\_

**CER Application Date Requested:** \_\_\_\_\_ *We will attempt to accommodate your scheduling needs to the best of our ability, based on current availability. Requests should be received before 3PM, for same day shipment, if CERs are available. We will fax to confirm your shipment dates.*

- Please schedule patient appointments carefully. CER monitors are worn for 7 days; you will receive a date for return when the CER arrives. Please note, that when the CER is shipped it will arrive at your clinic between 3PM and 5PM the next day. An additional fee will apply for a morning delivery if desired. **A \$10 late charge per day for CER Monitors returned beyond the scheduled due date will be applied.** All late fees accrued will be charged to the credit card provided.
- ***Instructions for placement of the CER must be followed exactly as provided, or the study may be non-interpretable. Refunds will not be issued if the study is non-interpretable. All CERs have passed quality inspections prior to shipment.***
- Total fee includes equipment, supplies, next afternoon shipping to and from your clinic (morning shipment is available for an additional charge), and CER interpretation with a written report. Please call for fee price.
- If, for any reason, the monitor is not used, your account will be credited 50% of the total fee following its return, inspection, and payment of any late fees.
- All monitors are paid for by your clinic's credit card. You will be contacted by our staff for card information upon receipt of this request form.
- By signing this agreement, you agree to be held responsible for the cost of replacing or repairing the monitor or its accessories if lost or damaged. Please note replacement cost for the unit is approximately \$800.00.

**Veterinarian's Signature:** \_\_\_\_\_

**Please FAX to 1-888-844-7686**

**Office Use Only**

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

Next Afternoon  Priority

Total: \_\_\_\_\_

Date for Return: \_\_\_\_\_

CER # \_\_\_\_\_

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