



Institute of Veterinary Specialists
Mobile Request Form

(Effective January 1, 2014)

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**

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

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.

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 3 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 or Discover. A Payment Registration form will be faxed to you if we do not have a current one on file.

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

Institute of Veterinary Specialists
5609 SW 64th St ■ Gainesville, FL 32608
888-844-1019 ■ 352-331-4233 ■ 888-844-1413 (fax) ■ 352-335-9328 (fax)