The Center of Veterinary Expertise
Cardiology Recheck Report

the COVE Center Of Veterinary Expertise 24/7 ER + Specialty Care

Reviewed: _____ **LVT:** _____

Account#: _____ **Date:** _____ **Time in:** _____

Patient Name _____ **Signalment** _____

Reason for recheck: _____

Owner to Fill out (Circle where applicable)

1. **Cough-** ☐None ☐Occasional ☐Frequent ☐Progressive Duration: _____
2. **Breathing-** ☐Normal ☐Labored ☐Rapid ☐Open Mouth Duration: _____
   If abnormal, when does it occur? ☐Always ☐With Activity/Excitement Other: _____
   Respiratory Rate: _____
3. **Appetite-** Current Diet: _____ Amount Fed: _____ Frequency: _____
   ☐Excellent ☐Good ☐Ok ☐Poor ☐Not Eating Duration: _____
4. **Energy/Exercise Level-** ☐Stable ☐Decreased ☐Intolerant ☐Weak Duration: _____
5. **Thirst-** ☐No Change ☐Increased ☐Decreased Duration: _____
6. **Vomiting-** ☐None ☐Occasional ☐Frequent Duration: _____
7. **Defecation-** ☐No Change ☐Constipated ☐Soft ☐Loose Duration: _____
8. **Urination-** ☐No Change ☐Increased ☐Decreased Duration: _____
9. **Any other problems or concerns?** _____
10. **Verify present medication** **HWP:** ☐**Y** **or** **N**☐ **Type:** _____ **Last HW Test:** _____

	Drug Name	**Tablet Strength**	**Frequency**	**Refill Needed**
1.				**Yes** ☐ **No** ☐
2.				**Yes** ☐ **No** ☐
3.				**Yes** ☐ **No** ☐
4.				**Yes** ☐ **No** ☐
5.				**Yes** ☐ **No** ☐
6.				**Yes** ☐ **No** ☐
7.				**Yes** ☐ **No** ☐

Office Use Only

T _____ F **HR** _____ bpm **RR** _____ bpm **Wt** _____ **#** _____ **Kgs** **BCS** _____ **/9**

Pulse Quality _____ **BP** _____ mmHg **Cuff#** _____ **Location** _____ **Position** _____

EPIC Data

BSA _____ **LVIDd** _____ **LVIDdS** _____ **LA** _____ **AO** _____ **VHS** _____

LVIDdN _____ **EDVI** _____ **ESVI** _____ **LA:AO** _____

****Lung Ultrasound****

Dorsal _____ **Middle** _____ **Perihilar** _____ **Cranial** _____

Medications / Sedation (If applicable)

Drug _____ Dose _____ IV IM SQ Time _____

Drug _____ Dose _____ IV IM SQ Time _____

Drug _____ Dose _____ IV IM SQ Time _____