C/RDIORESPIRATORY PET REFERRALS

VICTORIA

Certificate of feline hypertrophic cardiomyopathy (HCM) testing

	SECTION A (to be completed by owner)	
	Ò	
	-	
	$\overline{}$	
	=	
	~	
•	7	
	6	
	0	
	CO	
	₹	
	Ja	
	et	
	ed	
	6	
	~	
	9	
	2	
	e	
	·	
	- please	
	2/6	
	a	
	se	
	p	
	6	
	SS	
	fi	
	7	
	1	
	7	
	4	
	e	
	7 1	
ı	2	
l	it	
ı	ng	
	99	
-		
1		
-		
1		
1		
1		
1		
1		

Signed (Owner/Agent): TROUSE Date: 05-06-207	I understand that echocardiography is currently the best available test available for identifying HCM and failure to detect it does not rule out that it may develop at a later date.	It is not recommended that pregnant cats are scanned, so this is performed at my request and my own risk.	• I have read and understood the limitations of echocardiography scanning for HCM, as explained on the reverse of this form.	I declare that the cat presented for examination today is the cat identified above and the details provided are correct.	Address: Post code:	Cat's veterinary surgeon: Telephone:	Date of birth: 03-02-2619 Age at scanning: 15 months	Microchip No.: 9560000010102247 Breed: maine cook Colour: black silver sex: M - F M MN - FN	Cat's full registered name: Super Coons Yogi	Email *: Shireenbooyse @gmail.com	Post code:	Address *:	Owner's name *: Shireen 10009 Telephone*:
4.5	tifying HCM and	ıy own risk.	ed on the reverse o	provided are				FN				Control of the Contro	

SECTION B (to be completed by cardiologist - where indicated, record findings by ticking the appropriate boxes)