



16756 SE 82nd Drive
Clackamas, OR 97015
(503) 656-3999
(503) 557-8672 fax

nwvsrecords@vca.com

Weight _____ kg

Recent Radiographs Y N
Recent Bloodwork Y N
Recent Urinalysis Y N

Exam(s) Requested:

- Abdomen
- Thorax
- Right Atrial Screen
- Pregnancy check
- Recheck
- Other site: _____

**VCA NWVS Imaging Department
MOBILE Ultrasound Request Form**

Veterinarian: _____ Date: _____
Clinic: _____ Date of U/S: _____
Phone: _____ Fax: _____
Owner's Name: _____
Pet's Name: _____
Species: Dog Cat Other
Breed: _____ Color: _____
Age/Birthdate: _____
Sex: MN FS M F

How would you like results to be reported?

- Fax: _____
- E-mail: _____

Biopsy:

- ___ FNA Organ(s): _____
- ___ Tru-Cut Organ(s): _____

Sedation:

Sedation allowed Y N

Precautions (may bite/other):

Patient History, Lab Results, Clinical Findings, Recent Therapy:

Current Medications:

