

FAT CAT CLINICAL TRIAL

Patient enrollment form

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

AGE: _____

SEX: _____

BREED: _____

DATE OF
STUDY ENTRY: _____

DATE OF PREVIOUS EMBOLIC EVENT:

SITE OF PREVIOUS EMBOLIC EVENT:

DRUG THERAPY PRIOR TO PREVIOUS EMBOLIC EVENT:

ESTIMATED % RECOVERY FROM PREVIOUS EMBOLIC EVENT:

CARDIAC DISEASE CATEGORY:

CONCURRENT CARDIAC THERAPY:

Study Use Only	
Patient ID	_____
Study Drug Dose	_____ mg/kg
Days to 1° endpoint	_____
Days to 2° endpoint	_____
_____	_____
_____	_____
_____	_____
Adverse Effects	_____
_____	_____
_____	_____
_____	_____
Drug D/C?	_____

CLINICIAN NAME _____

CLINIC NAME _____

CLINIC PHONE/FAX _____

E-MAIL _____

***Questions/Comments? Please contact Kim Dreher, RVT or Dan Hogan, 765-494-1107**

Please enter this information online to enroll the patient, **or** return the form to

Kimberley Dreher, RVT, Purdue University Veterinary Teaching Hospital, Lynn Hall, Rm G233, 625 Harrison St, West Lafayette, IN 47907-2026

