

Oncology Questionnaire

PATIENT STICKER

# Section 1: Household and Medical History

How long have you owned your pet? Where was your pet obtained? Sex: Male Female Neutered/Spayed? Date If female not spayed, when was her last heat? Any known litters? Date

# Section 2: Vaccination/Health History

(Please write down date of last vaccination/viral testing, if known, or simply check if they are up to date) Dog: Rabies DHLPP (Distemper) Bordatella Cat: Rabies FVRCP FeLV (leukemia) FIV In general how would you characterize your pets health prior to the current health issue?

# Section 3: Diet/Appetite

What is your pet’s average weight? Any recent changes? If yes, describe What is your pet’s normal diet? Has your pet’s appetite changed recently? If yes, please explain

Is your per drinking more than usual? If yes, how much and for how long?

# Section 4: Medications

Is your pet currently taking any medications? Please list drugs and doses (including supplements)





Has your pet ever had a reaction to any medications? (allergic, stomach upset, other) If yes, describe

Has your pet ever had reaction to anything else? (including foods)

# Section 5: Changes in Your Pet

Has your pet had any diarrhea or abnormal stools recently? Please describe appearance, frequency, duration & treatment if any

Has your pet had any vomit recently? Please describe appearance, frequency, duration & treatment if any

Has your pet been coughing recently? Describe cough

Has your pet been sneezing recently? Please describe frequency, nasal discharge present and color of discharge

# Section 6: Activity Level

Has your pet been lethargic? If yes, how long? Does your pet have difficulty during normal exercise? If yes, describe

# Section 7: Referring Veterinarian

What was the main concern that brought you to your regular veterinarian?

Did your pet show any symptoms other than those already described?

Is there a mass/tumor present on your pet? if so where on pet’s body?

What was your pet diagnosed with? What method of confirmation was used to diagnose your pet? (Aspirates or biopsies) Was blood work performed recently? Were X-rays performed recently? Was an ultrasound, CT scan or MRI performed recently?

I am the owner of the above pet, or am acting as an agent for the owner. I certify that all of the above information is correct to the best of my knowledge.

Date / / Signature: