

# METROPOLITAN VETERINARY ASSOCIATES

CELEBRATING 30 YEARS OF SPECIALIZED VETERINARY SERVICES AND 24 HOUR EMERGENCY CARE



PATIENT STICKER

## Oncology Questionnaire

### 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 pet 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)

\_\_\_\_\_



2626 VAN BUREN AVE, NORRISTOWN, PA 19403



610.666.1050



610.666.1199



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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: \_\_\_\_\_