



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 pet's 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? _____

METROPOLITAN VETERINARY ASSOCIATES

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: _____