OAKLAND VETERINARY REFERRAL SERVICES

ONCOLOGY CHECK-IN FORM

Pet name:_____ Client name:_____

PLEASE ANSWER ALL QUESTIONS

Which best describes your pet's health since last veterinary appointment?

❑Excellent ❑Good ❑Fair ❑Poor

Please describe each item according to your pet's behavior since the last appointment:

Appetite — Comparison of appetite compared to last appointment.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Activity — Current activity level compared to last appointment.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Accidents — Number of urinary or fecal accidents in the house compared to last appointment.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Panting — Amount of panting compared to last appointment.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Response — General responsiveness compared to last appointment.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Health — General health compared to last appointment.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Overall — General health compared to before your pet's diagnosis of cancer.
❑Greatly decreased ❑Decreased ❑No change ❑Increased ❑Greatly increased

Describe any concerns you have about your pet since last visit (i.e., loss of appetite, vomiting, diarrhea, cough).
When did these problems occur? Have the problems resolved?

_____

_____

What questions or concerns would you like to discuss with your pet's doctor?

_____

_____

Medication	Dose – # of pills	How often? 1x/day, 2x/day, etc.	How many days?	Need refill? Yes/No