

Client and Patient Registration Form

Welcome to Partner Veterinary Medical Oncology! Thank you for giving us the opportunity to care for your beloved pet.

Client Details

Client's Name: (Mr./Mrs./Ms./Miss/Dr.) \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone No.:(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

(Office) \_\_\_\_\_ (may we contact you at your office number? Y N )

Preferred method of communication: Call Text Email

*\*Please circle the number that we should consider the primary number for contact\**

Alternate Contact : \_\_\_\_\_

Telephone No. : (Home) \_\_\_\_\_ ( Mobile) \_\_\_\_\_

(Office) \_\_\_\_\_ (may we contact you at your office number? Y N )

Email address(es): \_\_\_\_\_

Pet's Details

Pet's Name: \_\_\_\_\_ Microchip No. : \_\_\_\_\_

Species: Dog Cat Breed: \_\_\_\_\_ Color/markings: \_\_\_\_\_

Gender: Female Male Spayed/neutered? Y N

Behavior Warning: \_\_\_\_\_

Primary Veterinary Office: \_\_\_\_\_

Any Food / Drug Allergies. Prior or Current medical conditions / surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do we have your permission to share pictures and stories of your pet on social media? Y N

How did you find out about us? \_\_\_\_\_

Initial visit questionnaire:

When did the problem first start? \_\_\_\_\_

Compare your pet's condition now to when the problem first started (size change for masses/  
lymph nodes, pain level, etc.): \_\_\_\_\_

At what age was your pet spayed/neutered? \_\_\_\_\_

Has your pet ever been bred? \_\_\_\_\_

Was your pet adopted or purchased from a breeder? \_\_\_\_\_

If your pet was purchased, is breeder information available? \_\_\_\_\_

Does your family own any pets from the same breeder/bloodline (siblings, other)? \_\_\_\_\_

Other medical problems (ongoing care only): \_\_\_\_\_

Does your pet have a previous history of cancer? \_\_\_\_\_

\*If yes, please list past diagnoses and dates) Current medications (include name, dose, route, and  
frequency): \_\_\_\_\_

Any known allergies (food, medication, other)? \_\_\_\_\_

Current appetite level: \_\_\_\_\_

Current diet: \_\_\_\_\_

Current activity level: \_\_\_\_\_

Any vomiting or diarrhea? \_\_\_\_\_

\*if yes please describe: \_\_\_\_\_

Any coughing, sneezing, or nasal discharge? \_\_\_\_\_

f yes please describe: \_\_\_\_\_

Any neurologic symptoms (ataxia, seizures, etc.)? \_\_\_\_\_

**For dogs only:**

What is your pet's heartworm status and is he/she currently on prevention? \_\_\_\_\_

\*If yes, please state which preventive: \_\_\_\_\_

**For cats only:**

Has your pet been tested for feline leukemia and/or FIV? \_\_\_\_\_

\*If yes, please state if positive or negative for each: \_\_\_\_\_