Partner Veterinary ONCOLOGY

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? Yes No

Preferred method of communication: Call Email Text

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? Yes No)

Email address(es):

Pet's Details

Pet's Name: Microchip No.:

Species: Dog ● Cat Breed: Color/markings:

Gender: Male ● Female Spayed/neutered? Yes No

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? Yes ☐ No ☐

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, andfrequency:

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?

*if 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: