

ONCOLOGY RECHCECK FORM:

Pet's name: _____

Owner's name (first and last): _____

Date: _____ Email: _____

Primary phone: _____ Alternate phone: _____

Communication preference: Call Email Text

Will you be picking up your pet today? Yes No

If you answered no, please list the name and phone number for the person picking up your pet:

Contact name: _____

Phone number: _____ Email: _____

Drop off times are Monday through Thursday between 8 and 9 am. Pick-up times are typically arranged after patient evaluation by the oncologist.

Do you need to pick up your pet by a specific time today? Yes No

If yes, please list your requested pick-up time: _____

Please note, requests for specific pick-up times will be accommodated to the best of our ability based on our treatment schedule and patient needs.

Please answer the questions below regarding your pet since their last visit/treatment:

How is your pet's appetite? Normal Decreased Increased Absent

Has your pet's diet changed since their last visit? Yes No

If yes, please list your pet's current diet: _____

When did your pet last eat? (date and time) _____

Has your pet experienced any vomiting? Yes No

If yes, please describe:

Current Medications:

Please fill out the chart below to the best of your ability. We also encourage you to bring your pet's medications to your appointments.

MEDICATION NAME AND SIZE <i>(ex. ondansetron 8 mg tablet)</i>	DOSE <i>(ex. ½ tablet or 0.5 mL)</i>	FREQUENCY <i>(ex. 2x/day or every 12 hours)</i>	DID YOU GIVE THIS TODAY?	NEEDED DURING VISIT TODAY? <i>(If yes, list time to give)</i>	REFILL NEEDED?

Your pet may require sedation for their visit today. If sedation is recommended, do we have permission to proceed or would you prefer for our team to call and discuss this with you first?

Proceed with sedation

Call first

Do you have any specific questions or concerns for today's visit?

Owner Signature: _____

Date: _____

Oncology Team Member intaking pet: _____