



## ARIZONA VETERINARY ONCOLOGY

Your pet has an appointment with the oncologist.

Please complete these questions and, if possible, email the answers to us prior to your appointment in order to give the oncologist time to review your answers. We have also contacted your veterinarian(s) to send over your pet's medical records. If either a CT or an MRI has been completed, we will need you to bring those images on a disk to the appointment. Please also bring all of the medications, including vitamins and supplements, your pet is currently taking to your appointment. Thank you for taking the time to complete these questions for us so that we can have as much information as possible to discuss the best options for you and your pet. We look forward to meeting you both.

Please fill out this questionnaire as completely as possible.

1. How long have you owned your pet?
2. Has your pet been boarded or hospitalized recently?    Yes    No    Unknown
3. Has your pet been treated for any major medical problems?    Yes    No    Unknown
  - a. If yes, what and when?
4. Has any bloodwork been performed within the last 12 months?    Yes    No    Unknown
  - a. If yes, was Valley fever tested for?
  - b. If yes, was Tick fever tested for?
5. Have any x-rays been taken within the past 12 months?    Yes    No    Unknown
6. Has there been a change in your pet's appetite?
  - a. If yes, has it *increased* or *decreased*? (circle one)
7. Has there been a change in your pet's water consumption?    Yes    No    Unknown
  - a. If yes, has it *increased* or *decreased*? (circle one)
8. Is your pet urinating more frequently than normal?    Yes    No    Unknown
9. Has your pet been straining to urinate?    Yes    No    Unknown
10. Have you noticed your pet vomiting?    Yes    No    Unknown
  - a. If yes, what is the frequency and consistency?
11. Has there been a change in your pet's bowel movements?    Yes    No    Unknown

a. If yes, describe the appearance (color and consistency).

12. Has there been any straining to defecate? Yes No Unknown

13. Have you seen blood in any urine, vomitus, or stool? Yes No Unknown

14. Has your pet had any seizures or convulsions? Yes No Unknown

15. Has there been a change in your pet's attitude or behavior? Yes No Unknown

16. Has there been any change in your pet's attitude or energy levels? Yes No Unknown

17. Have you noticed any abnormal lumps? Yes No Unknown

18. Has your pet had difficulty breathing? Yes No Unknown

19. Has your pet had any coughing? Yes No Unknown

a. If yes, circle the most appropriate description below.

*i.* The frequency is *occasional, frequent or continuous.*

*ii.* It occurs most often at *night, morning, exercise, excitement, or anytime.*

*iii.* Would you describe the cough as *mild, moderate, or severe?*

20. Has your pet had any unexpected reactions to medications? Yes No Unknown

a. If yes, give name, dosage (if known) and explain reaction.

21. Is your pet currently receiving medications? Yes No Unknown

a. If yes, give name and dosage (if known) and bring to your appointment.

22. Describe your primary concern(s) about your pet.

23. When this problem(s) begin?

24. What is the main goal of meeting with the oncologist today?