



Oncology - New Patient History



Patient:

Owner:

Date:

Briefly describe the problem:

Goals of today's visit:

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS:

1. Is your pet current on all vaccines? Yes No

2. Has your CAT been tested for FELV/FIV within the last year? Yes No

3. Are there other pets in your household? Yes No

4. Is your pet CURRENTLY receiving medication for flea/tick/heartworm prevention? Yes No

5. Does your pet have access to RAW meat? Yes No

6. Has your pet traveled outside of the Pacific Northwest? If yes, where? Yes No

7. Has your pet ever had a seizure? Yes No

8. Has your pet ever had a reaction/side effects from a medication? Yes No

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS, ELABORATE IF YES.

1. Has your pet had any recent vomiting? Yes No. If yes:
 How many times per day? Yes No When was the last episode?
2. Has your pet had any loose stools recently? Yes No If yes:
 How many time per day? Yes No When was the last time?
 Word that best describes the consistency? (*ie: liquid, pancake batter, semi-formed but soft*)
3. Has your pet had any coughing recently? Yes No If yes:
 How many times per day? Yes No When was the last episode?
 Describe the cough:

PLEASE CIRCLE THE WORD THE BEST DESCRIBES YOUR PET'S RECENT ACTIVITY

- > Is your pet indoor outdoor both?
- > Has there been an increase decrease no change in your pet's energy level?
- > Has there been an increase decrease no change in your pet's appetite?
- > Has there been an increase decrease no change in your pet's water intake?
- > Has there been an increase decrease no change in your pet's urination?

CURRENT MEDICATIONS

Name of medication	Strength	How often?	When was it last given?
1.			
2.			
3.			
4.			
5.			

How long have you had your pet?

What type of food is your pet currently eating?

Please list any previous medical or surgical problems:

Is there any additional information that you would like to us to know?

If you have a preferred pharmacy, please let us know:

Pharmacy name:

Address and phone number: