



Oncology Admission Form

Date: _____

Client Information

Name: (Mr/Mrs/Ms/Dr) _____ Seasonal? Yes No
Address: _____ Driver's lic# _____
City/State/Zip _____
Telephone: Home: _____ Work: _____ Cell: _____
Fax: _____ Email: _____

Patient information

Pet's name: _____ Date of birth: _____ Dog / Cat / Other _____
Sex: M / F spayed/neutered (please circle) Breed _____
Weight(lbs) _____
Reason for visit: _____

Current medications (include dosage, frequency, and when drug started):

Diet (including treats): _____

Does your pet have any of the following symptoms? If yes, please note duration.

decreased energy: Yes No _____
loss of appetite: Yes No _____
vomiting or diarrhea: Yes No _____
other symptoms: _____

When did you 1st notice a mass and what is its location?

Has it increased in size? Yes No If yes, then by how much has it increased and over what period of time? _____

Has the mass changed in appearance? _____

Has the mass been diagnosed (biopsy or needle biopsy/aspiration)? _____

Veterinarian information:

Regular veterinarian _____ Hospital _____
is this who referred you here? Yes No

Date/location of: last chest x-rays: _____ last bloodwork: _____

Specific concerns you would like addressed today: _____

Your animal may need to be mildly sedated for x-rays. Is this okay? Yes No
If an ultrasound is performed, your pet may have its belly shaved.

Payment policy: All fees for professional services are due at the time services are rendered. For patients requiring in-hospital or emergency care, a 50% deposit is required with the balance due at discharge.