

Olympia Veterinary Cancer Center

Recheck Oncology Sheet

Owners Name: _____
Last Name First Name MI

Pets Name: _____

What type of food is your pet currently eating? _____

Health since Last Visit *please circle*

<u>Energy Level</u>	Decreased	Slightly Decreased	Normal	Slightly Increased	Increased
<u>Thirst:</u>	Decreased	Slightly Decreased	Normal	Slightly Increased	Increased
<u>Urination:</u>	Decreased	Slightly Decreased	Normal	Slightly Increased	Increased
<u>Defecation:</u>	Decreased	Slightly Decreased	Normal	Slightly Increased	Increased
<u>Appetite:</u>	Decreased	Slightly Decreased	Normal	Slightly Increased	Increased
<u>Vomiting</u> Y / N	If yes, how often: once 2-4 times 4-8 times			What day____total duration:____days	
<u>Diarrhea</u> Y / N	If yes, how often: once 2-4 times 4-8 times			What day____total duration:____days	

Current Medications: Important - Please fill out completely

Drug	Size	Amount given	Frequency	Last dose	To be given today by staff?	Refills needed?
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N
					Y / N	Y / N

Concerns or Questions:

Any new masses: Y / N If yes, where: _____
Changes to current masses: Y / N If yes, where: _____
 Other: _____

Please initial that you understand the following:

____ I acknowledge and understand that every medical treatment, anesthesia, or surgery has risks and the probability for complications. ***This includes, but is not limited to: GI upset (vomit, diarrhea, or loss of appetite), lethargy, tissue irritation, and death.***

____ I have been advised as to the nature of and risks involved with the procedures and/or treatments being performed. I have had the opportunity to have any questions answered.

____ I authorize Dr. Parshley to use photographs of my pet for use in presentations and publications.

Phone number to be reached at today: _____

Signature: _____ **Date:** _____