

VETERINARY CANCER GROUP

**Outpatient Treatment Information Sheet**

*Please take a moment to complete while dropping off your pet!*

**Pet's Name:**

**Date:**

*Do you need to pick up your pet by a certain time?* \_\_\_\_\_

**APPETITE:** Normal \_\_\_\_\_ Not Aware \_\_\_\_\_  
\_\_\_\_ Not Eating \_\_\_\_\_  
\_\_\_\_ Decreased \_\_\_\_\_  
\_\_\_\_ Increased \_\_\_\_\_  
\_\_\_\_ **For how long?** \_\_\_\_\_

**Pets weight** \_\_\_\_\_

**DRINKING:** Normal \_\_\_\_\_ Not Aware \_\_\_\_\_  
\_\_\_\_ None \_\_\_\_\_  
\_\_\_\_ Decreased \_\_\_\_\_  
\_\_\_\_ Increased \_\_\_\_\_  
\_\_\_\_ **For how long?** \_\_\_\_\_

**ACTIVITY:** Normal \_\_\_\_\_ Not Aware \_\_\_\_\_  
\_\_\_\_ Lethargic \_\_\_\_\_  
\_\_\_\_ Sluggish \_\_\_\_\_  
\_\_\_\_ Restless \_\_\_\_\_  
\_\_\_\_ Difficulty Breathing \_\_\_\_\_  
\_\_\_\_ **For how long?** \_\_\_\_\_

**URINATION:** Normal \_\_\_\_\_ Not Aware \_\_\_\_\_  
\_\_\_\_ Less Often \_\_\_\_\_  
\_\_\_\_ More Often \_\_\_\_\_  
\_\_\_\_ Straining \_\_\_\_\_  
\_\_\_\_ Accidents/Leaking \_\_\_\_\_  
\_\_\_\_ Red/Bloody \_\_\_\_\_  
\_\_\_\_ **For how long?** \_\_\_\_\_

**STOOLS:** Normal \_\_\_\_\_ Not Aware \_\_\_\_\_  
\_\_\_\_ Liquid \_\_\_\_\_  
\_\_\_\_ Loose \_\_\_\_\_  
\_\_\_\_ Bloody Mucous \_\_\_\_\_  
\_\_\_\_ Black/Tarry \_\_\_\_\_  
\_\_\_\_ **For how long?** \_\_\_\_\_

**VOMITING:** None \_\_\_\_\_ Not Aware \_\_\_\_\_  
\_\_\_\_ Occasional \_\_\_\_\_  
\_\_\_\_ Frequent \_\_\_\_\_  
\_\_\_\_ Food \_\_\_\_\_  
\_\_\_\_ Liquid \_\_\_\_\_  
\_\_\_\_ Yellow/Bile \_\_\_\_\_  
\_\_\_\_ Hair \_\_\_\_\_  
\_\_\_\_ **How many times in the past 24 hours?** \_\_\_\_\_ **For how long?** \_\_\_\_\_

**OTHER CONCERNS FOR THE DOCTOR:**

**List Current Medications:**

- 1. \_\_\_\_\_ Refill needed? Y / N
- 2. \_\_\_\_\_ Refill needed? Y/N
- 3. \_\_\_\_\_ Refill needed? Y / N
- 4. \_\_\_\_\_ Refill needed? Y / N

Has your pet eaten today? Y / N

Do you need to speak with the doctor before your pet is treated? Y / N

**Your DAYTIME PHONE NUMBER(S):** \_\_\_\_\_