



Oncology Recheck Questionnaire and Consent Form

Patient Name: _____ Owner Name (First, Last) _____

1) Have you noted any signs of **tumor growth** since your last appointment?

- No
- Yes (please describe) _____

2) Describe your pet's **activity level** since your last appointment:

- Normal
- Increased
- Mildly decreased
- Moderately decreased
- Severely decreased

3) Describe your pet's **food intake** since your last appointment:

- Normal (*Go directly to Question #5*)
- Increased
- Ate normal amount but needed coaxing or diet change
- Decreased

4) If your pet had a decreased appetite:

How was it treated? _____

b: For how many days was it treated? _____

5) Did your pet have any **vomiting** since last appointment?

- No (*Go directly to Question #11*)
- Yes
- Unsure

6) If your pet was vomiting, how many times?

- 1-2 times
- 3-5 times
- 6 or more times

7) If your pet vomited more than once, were the vomit events:

- Less than or equal to 15 minutes apart
- More than 15 minutes apart

8) How soon after the last appointment did vomiting begin?

- Hours
- 1 day
- 2-3 days
- 4 or more days

9) How many days did vomiting last?

- 1 day
- 2-4 days
- 5 or more days

10) How was your pet treated for vomiting? _____

For how many days? _____

11) Describe your pet's **stools** since last appointment:

- Normal/formed (*Go directly to Question #15*)
- Soft
- Diarrhea

12) If your pet had any **diarrhea**, how many times per day did it occur?

- Once
- Twice
- 3-6 times per day
- 7 or more per day

13) If your pet had any diarrhea, how soon after the last appointment did it begin?

- Hours
- 1 day
- 2-3 days
- 4 or more days

- 14) If your pet had any diarrhea:
- a) How was your pet treated for diarrhea? _____

- b) How many days was treatment needed? _____

- 15) Describe your pet's **water consumption**:
- Normal
 Increased
 Decreased

- 16) Describe your pet's **urination frequency**:
- Unchanged
 Increased up to 2x normal
 Increased more than 2x normal
 Hourly

- 17) Was your pet **leaking urine** since the last appointment?
- No
 Yes
 Unsure

- 18) Was your pet **straining to urinate**?
- No
 Yes
 Unsure

- 19) Have you noticed **blood in your pet's urine**?
- No
 Yes
 Unsure

- 20) Have you observed your pet to **cough** or have **difficulty breathing** since last appointment?
- No
 Unsure
 Yes (please characterize)
- _____
- _____

- 21) Is your pet showing signs of being in **pain** since last appointment?
- No
 Mild pain, not interfering with daily activity
 Moderate pain, interfering with daily activity
 Severe pain, severely affecting daily activity
 Disabling pain
 Unsure

- 22) Are there any other clinical signs (symptoms) you are concerned about?
- No Yes (please describe)
- _____
- _____

- 23) Has your pet been fed today?
- No Yes (if yes, what time?)
- _____

List medications your pet is receiving:

Medication and Amount (milligrams or number of pills)	How frequently?	Refill Needed?

The information I have provided is true and accurate. I have been given an opportunity to discuss my pet's progress and condition with the Oncology Consultation Service. I have been given an opportunity to discuss all of my questions and concerns. I have made the informed decision to continue chemotherapy for my pet. I retain the right to discontinue therapy at any time at my discretion.

 Owner's Signature

 Date