



Oncology Initial Appointment Questionnaire for Pet-Owners

Date: _____

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

1) Has your pet been diagnosed with cancer?

- No, cancer has not been confirmed
- Yes (please list the type and location of cancer)

2) What diagnostic tests have been performed?

3) Has your pet had any previous cancer treatment(s)?

- No
- Yes (please describe the treatment and if there was any response)

4) Please indicate your level of understanding of your pet's cancer:

- No prior knowledge or cancer has not been confirmed
- Excellent prognosis (life expectancy >2 years)
- Good prognosis (life expectancy 1-2 years)
- Fair prognosis (life expectancy 6-12 months)
- Poor prognosis (life expectancy <6 months)

5) Describe your pet's activity level:

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

6) Describe your pet's food intake:

- Normal
- Eats normal amount but needs coaxing
- Increased
- Decreased (please describe for how long and percent diet being now being eaten)

7) Does your pet receive any supplements and/or vitamins? Yes (please describe) No

8) What is your pet's diet:

9) Is your pet vomiting?

- No
- Unsure
- Yes (please describe for how long and how many times per day or week)

10) Describe your pet's stool:

- Normal/formed stool
- Soft
- Diarrhea (please describe for how long and how many times per day)

11) Describe your pet's water consumption:

- Normal
- Increased
- Decreased

12) Describe your pet's urination frequency:

- Unchanged
- Increased up to 2-times normal
- Increases more than 2-times normal
- Hourly

13) Is your pet straining to urinate:

- No
- Unsure
- Yes

14) Is your pet leaking urine?

- No
- Unsure
- Yes

15) Have you noticed blood in your pet's urine?

- No
- Unsure
- Yes

16) Have you observed your pet to cough or have difficulty breathing?

- No
- Unsure
- Yes (please characterize)

17) Is your pet showing signs of being in pain?

- No
- Mild pain, not interfering with daily activity
- Moderate pain, interfering with daily activity
- Severe pain, severely affecting daily activity
- Disabling pain
- Unsure

18) Are there any other clinical signs (symptoms) you are concerned about?

- No
- Yes (please describe)

19) Does your pet have any other pertinent medical problems?

- No
- Yes (please describe)

20) Is your pet currently receiving medications (please include duration of administration and dosages)?

- No
- Yes (please describe)

21) Has your pet been fed today?

- No
- Yes (if yes, what time?)

22) Do you give us **permission to sedate** your pet today if needed? Circle: **Yes** or **No**

The above information given is true and accurate.

Signed: _____