Oncology Medical History

To help us provide the best care, please complete the following questions.

Question	Yes	No
How long have you had your pet?		
Where was your pet obtained from?		
Is your pet kept primary indoors or outdoors?		
What does your pet eat and how much?		
Is your pet neutered/spayed	☐ Yes	☐ No
If yes, at what age?		
If not, when was her last heat cycle?		
Prior to this illness, has your pet ever been treated for any major medical issues?	☐ Yes	☐ No
If yes, what type and when?		
Current medications & dosages:		
Has your pet been boarded or hospitalized recently?	☐ Yes	☐ No
Is your pet now taking preventative for heartworm disease?	☐ Yes	☐ No
Has your pet lost stamina recently?	☐ Yes	☐ No
Has your pet been vomiting frequently?	☐ Yes	☐ No
Has your pet lost or gained any weight recently? (Please circle one if yes)	☐ Yes	☐ No
Has your pet's appetite increased or decreased recently? (Please circle one if yes)	☐ Yes	☐ No
Is your pet straining to defecate?	☐ Yes	☐ No
Has your pet been scratching/itching?	☐ Yes	☐ No
Has your pet had any seizure or convulsions?	☐ Yes	☐ No
Has your pet's gait changed recently? (Please explain)	☐ Yes	☐ No
Has your pet shown any changes in attitude or behavior? (Please explain)	☐ Yes	☐ No
Have you noticed any swelling or masses? If yes, where?	☐ Yes	☐ No
Has your pet had unusual/unexpected reactions to any medications?	☐ Yes	☐ No
Has your pet been sneezing excessively?	☐ Yes	☐ No
Is there any blood in or discoloration in your pet's urine?	☐ Yes	☐ No
Have there been recent changes in the frequency, amount or color of your pet's bowel movements?	☐ Yes	☐ No
If your pet is female, has there been any abnormal vaginal discharge?	☐ Yes	☐ No
Has your pet had any discharge from the eyes or nose?	☐ Yes	☐ No
Is your pet drinking more water than usual?	☐ Yes	☐ No
Has your pet been coughing or showing difficulty with breathing?	☐ Yes	☐ No
What is your primary concern about your pet?		

Thank you! A thorough medical history is essential for proper therapy to be administered to your pet.