



## 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