



## VCA San Francisco Veterinary Specialists Oncology Patient Update Form

To be able to provide the very best care to our oncology patients, we would like you to tell us briefly how your pet has been feeling. Please print clearly. Thank you.

Today's Date:	Current Time: a.m. / p.m.
Owner/Caregiver:	Pet's Name:
Date of Last Appointment:	
Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Poor Diet:	
Water Consumption: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Other:	
Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Frequently?:	
Eliminations: <input type="checkbox"/> Firm <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other:	
Describe Your Pet's Energy Level and Attitude:	
Current Medications (Including Dosage and Frequency): Please Answer Even if You Think We Have This in Our Records.	
Do You Need Refills on Any Medications Today?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Describe:	
Additional Information We Should Know Regarding Your Pet:	

**STATEMENT OF OWNERSHIP AND CONSENT:** I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. By signing this agreement, I authorize VCA San Francisco Veterinary Specialists staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to any such services. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure.

I understand that I must come in and collect my animal before close of the next business day once notified to do so. Additional charges will accrue if my animal is not collected on the day he or she is ready to be released from the hospital. I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. A finance charge of 1.5% (18% per annum) will be charged on all unpaid invoices beginning 30 days from the invoice date. All unpaid checks and delinquent accounts will be transferred to a collection agency.

Owner/Authorized Caregiver Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Verified by (Office Use Only): \_\_\_\_\_

**Oncology Medical Examination**

**Subjective/History:**


**Objective/Exam:**


**Assessment:**


**Plan/Recommendations:**
