Patient: _____
Date: _____

SEVO-Med®
SOUTHEAST VETERINARY ONCOLOGY AND INTERNAL MEDICINE
"Giving New Hope Every Day"

SEVO - Med Oncology Questionnaire

1. What is your pet here for today?

2. How has your pet been feeling since your last visit with us?

3. How has your pet's appetite been since the last treatment? Any dietary changes?

   Vomiting?
   Diarrhea?
   Activity Level?
   Coughing/Sneezing?
   Increased water intake?
   Any unusual or abnormal behavior?
   Any problems with urination or defecation?

4. Diet:

5. On a scale of 0 (no pain) to 5 (most pain), how much pain does your pet seem to be in?

6. **Contact phone number for today's visit: _____**
   (VERY important if you are leaving your pet with us)

7. List all current medications your pet is on, including herbal remedies:

8. **Do you need refills on any prescriptions? If so, please list them.**

9. What time will you be picking up your pet today?

10. Do we have permission to sedate your pet today **IF** necessary? Yes/No
    Did your pet have anything to eat this morning? Yes/No

11. Any new masses that we need to evaluate today? If so, do we have permission to aspirate?
    Yes/No Location:

12. Do you have any questions for the doctor today? Please explain:

_____
Signature