



Patient: _____

Date: _____

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? Yes / No Location:
If so, do we have permission to aspirate? Yes / No
12. In the event of a cardiac or respiratory failure, do you wish that your pet receive CPR and other life saving measures? Yes / No
13. Do you have any questions for the doctor today? Please explain:

Signature

Patient: _____

Treatment Plan/Doctor Orders
Doctor (circle one): LaDue Neumann Miller

Nurse to discharge _____
Dr. needs to speak with owner _____

Labs

In house To lab

CBC

Chem

NSAID

U/A Dipstick Culture UPC Cysto

3V Crads Review No Review

Abd U/S Initial Recheck Single Site

Echo Initial Brief

EKG

Aspirate, Single / Multiple Cytology

Treatment

IVC

Butterfly

Fluids _____

Meds

IH Fill

RX Out

Injections:

T: _____

P: _____

R: _____

BW: _____

MM/CRT: _____

Chemo

Carboplatin

CCNU

Cytosar

Cytoxan

Doxorubicin

DTIC

Gemzar

L-Spar

Melanoma Vaccine

Mitoxantrone

Palladia

Vinblastine

Vincristine

Tanovea

Zometa

Chemo Admin _____