

Pet name:
Client Name:
Email:
Phone:

____/____/____
Date Completed

ONCOLOGY NEW PATIENT INFORMATION

Directions: A complete background on your pet is essential for the best medical care. Please fill out this questionnaire to the best of your ability.

When and where did you adopt your pet? _____

Approximately how old was your pet at adoption? _____

Is your pet kept primarily indoors or outdoors? Indoors Outdoors

Is your pet allowed to roam free outdoors? Yes No

Has your pet been boarded or hospitalized recently? Yes No

If yes, please describe: _____

Are there any other animals in your household? Yes No

If yes, what? _____

What brand/type of food does your pet eat? (ex. Hill's k/d dry)

How much and how often does your pet eat? _____

Is your pet ever fed table food? Yes No Describe:

Has your pet had any other major medical problems? Yes No

If yes, what & when? _____

When was your pet neutered/spayed? _____

Other than neuter/spay, has your pet had surgery? Yes No

If yes, what & when? _____

If female and not spayed, when was last heat? _____

If female, has she had any litters? Yes No Unknown

If yes, how many? _____

Is your pet on any heartworm preventative? Yes No Unknown

Is your pet on any flea/tick preventative? Yes No Unknown

Has your pet ever travelled out of state? Yes No Unknown

If yes, when and where? _____

Has your pet had any reactions to any medications? Yes No Unknown

If yes, which medication and please describe the reaction _____

Does your pet have any allergies? Yes No Unknown

If yes, what type? _____

Please list all medications your pet is on (Drug, dose, frequency):

Medication	How Much Are You Giving	How Often Are You Giving It	Do You Need A Refill?
			__ Yes __ No
			__ Yes __ No
			__ Yes __ No
			__ Yes __ No
			__ Yes __ No
			__ Yes __ No