



VETERINARY ONCOLOGY CONSULTANTS

helping veterinarians treat pets with cancer

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CONSULTATION FORM *(rev. January 2008)*

1. Please fill out and submit this form with pertinent test results and reports
 - by fax to +61 (2) 6586 1210 or
 - by email to voc@vetoncologyconsults.com
2. We will report back to you by the end of our next consulting day (Monday through Thursday, 8 am – 3 pm, New South Wales, Australia time) by your preferred method (phone, fax, or email). We will send you a tax invoice after the end of the month. We look forward to working with you!

Name of Veterinarian Requesting Consultation: _____

Name and Address of Veterinary Practice: _____

Name and Contact Information (if Different from Above) of Contact Person for Billing: _____

Phone Number of Veterinary Practice: _____

Fax Number of Veterinary Practice: _____

Email Address of Veterinary Practice: _____

Pet's Name: _____ Owner's Surname: _____ Number of pages in fax: _____

How would you like us to respond? Email (\$110) Fax (\$115) Phone (\$120)

(Follow-up consultations for ongoing case management - \$25)

Do you need?	<input type="checkbox"/> Chemotherapy protocol (\$25) (if custom-designed, \$40)
	<input type="checkbox"/> Information sheets on chemotherapy drug use, handling, and administration (\$15 ea.)

Would you like to receive additional information?	<input type="checkbox"/> Abstracts of pertinent literature (\$30)
	<input type="checkbox"/> Client information sheets on treatment type and protocol (\$15 ea.)
	<input type="checkbox"/> Client information sheet on tumour type and behaviour (\$15)

Veterinary Oncology Consultants' mission is to assist other veterinarians in providing the highest possible quality of life for pets with cancer and their human families, by making evidence- and compassion-based recommendations for their care and providing educational materials.

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Species: _____ Age: _____ Breed: _____ Weight in kg: _____

Sex: Male Male Neutered Female Female Spayed

Diagnosis (please attach copy of biopsy/cytology report): _____

Please provide a summary of the cancer history (note tumour location, size, duration, etc.):

CBC, Chemistry Profile, UA performed? (please attach results) Yes No _____

Other blood tests? (please attach results) Yes No _____

Regional lymph nodes enlarged? No Yes (Biopsy or Aspirate?[please attach results])

Bone marrow evaluation? (please attach results) Yes (Biopsy or Aspirate) No _____

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Radiographs? (please attach results) Yes No _____

Ultrasonography? (please attach results) Yes No _____

Any other imaging? (please attach results) _____

Current drug therapy and/or response to previous medications: _____

Other pertinent medical history: _____

Are there any specific questions you would like addressed beyond general case assessment?
