



## VETERINARY ONCOLOGY CONSULTANTS

*helping veterinarians treat pets with cancer*

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**CONSULTATION REQUEST FORM (rev. January 2010) ~ page 1 of 2**

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| <p>1. Please fill out and submit this form with pertinent test results and reports</p> <ul style="list-style-type: none"><li>• by fax to +61 (2) 6586 1210 or</li><li>• by email to <a href="mailto:voc@vetoncologyconsults.com">voc@vetoncologyconsults.com</a></li></ul> <p>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!</p> |  |
| Name of Veterinarian Requesting Consultation: _____  |  |
| Veterinary Practice Name & Address: _____<br>_____   |  |
| Veterinary Practice Phone Number: _____ Fax Number: _____  |  |
| *Email Address: _____  |  |
| Practice Billing Contact: _____  |  |
| Number of pages in fax: _____  |  |
| How would you like us to respond? <input type="checkbox"/> Email (\$125)* <input type="checkbox"/> Fax (\$125) <input type="checkbox"/> Phone (\$135)<br><i>(Follow-up consultations for ongoing case management - \$25)</i>   |  |
| Do you need?   | <input type="checkbox"/> Chemotherapy protocol (\$25) (if custom-designed, \$50)<br><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 (\$50)<br><input type="checkbox"/> Client information sheets on treatment type and protocol (\$15 ea.)<br><input type="checkbox"/> Client information sheet on tumour type and behaviour (\$15) |
| Pet's Name: _____ Owner's Surname: _____   |  |
| Species: _____ Age: _____ Breed: _____ Sex: _____ Weight in kg: _____  |  |
| Diagnosis (please also attach copy of biopsy/cytology report): _____   |  |

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

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

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

Radiographs? (please attach results) Yes Site:\_\_\_\_\_ No

Ultrasonography? (please attach results) Yes Site:\_\_\_\_\_ No

Other diagnostic tests? (please attach results) Yes:\_\_\_\_\_ No

Current drug therapy and/or response to previous medications: \_\_\_\_\_

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Other pertinent medical history: \_\_\_\_\_

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

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