



VETERINARY ONCOLOGY CONSULTANTS

helping veterinarians treat pets with cancer

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CONSULTATION REQUEST FORM (rev. July 2011) ~ page 1 of 2

<p>1. Please fill out and submit this form with pertinent test results and reports</p> <ul style="list-style-type: none">• by fax to +61 (2) 9012 0397 or• by email to voc@vetoncologyconsults.com <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: _____ _____	
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 (\$135)* <input type="checkbox"/> Fax (\$135) <input type="checkbox"/> Phone (\$145) <i>(Follow-up consultations for ongoing case management - \$25)</i>	
Do you need?	<input type="checkbox"/> Chemotherapy protocol (\$25) (if custom-designed, \$50) <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) <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)
Pet's Name: _____ Owner's Surname: _____	
Species: _____ Age: _____ Breed: _____ Sex: <u>MI / CM / FI / SF</u> Weight 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.): _____

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: _____

Other pertinent medical history: _____

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