



# VETERINARY ONCOLOGY CONSULTANTS

*helping veterinarians treat pets with cancer*

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## CONSULTATION REQUEST FORM (2019) ~ page 1 of 2

1. Please fill out and submit this form with pertinent test results and reports
  - by fax to +61 (2) 9012 0397 or
  - by email to [voc@vetoncologyconsults.com](mailto: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: \_\_\_\_\_

Number of pages in fax: \_\_\_\_\_

Veterinary Practice Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Veterinary Practice Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Practice Billing Contact Person / Administrator: \_\_\_\_\_

Email Address or Fax Number for Billing: \_\_\_\_\_

How would you like us to respond?  Email (\$225)\*  Fax (\$225)  Phone (\$250)

*(Follow-up consultations for ongoing case management - \$35)*

Do you need?  Chemotherapy protocol (\$40) (if custom-designed, \$70)  
 Information sheets on chemotherapy drug use, handling, and administration (\$15 ea.)

Would you like to receive?  Client information sheets on treatment type and protocol (\$15 ea.)  
 Client information sheet on tumour type and behaviour (\$15)

Pet's Name: \_\_\_\_\_ Owner's Surname: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: MI / CM / FI / SF 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.): \_\_\_\_\_

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Signs & symptoms? Normal Abnormal (please describe)\_\_\_\_\_

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

Cardiac evaluation? Normal Not done Abnormal (please describe)\_\_\_\_\_

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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