



VETERINARY ONCOLOGY CONSULTANTS

helping veterinarians treat pets with cancer

CONSULTATION REQUEST FORM (2024) ~ page 1 of 2

1. Please fill out and submit this form with pertinent test results and reports by email to voc@vetoncologyconsults.com
2. We will provide requested materials back to you by the end of the next consulting day (Monday – Thursday, 8am-3pm NSW, Australia time) by your preferred method indicated below (email or phone). We will send you a tax invoice at the end of each calendar month

We look forward to working with you!

Name of Requesting Veterinarian: _____

Number of pages in submission: _____

Veterinary Practice Name: _____

Veterinary Practice phone: _____

Email address for reports: _____

Practice billing contact person/administrator: _____

Email address for billing: _____

How would you like us to respond? Email (\$260) Phone (\$320*)

*Note: phone consultations cover an emailed report followed by a phone call to cover any questions

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Do you also need?

- Chemotherapy protocol (\$40) (if custom-designed \$70)
- Chemotherapy drug administration and handling sheets (\$15 each)
- Client information sheets on treatment type and protocol (\$15 each)
- Client information sheets on tumour type and behaviour (\$15 each)

Do you require a copy of this consultation report without billing information included?

Yes

No

Animal's name: _____

Owner's surname: _____

Species: _____ Age: _____ Breed: _____ Sex: _____

Weight: _____ kg

Diagnosis (please also attach a copy of the 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 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.):

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: _____

Other pertinent medical history: _____

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

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