PASE Oncology
Client Questionnare

PASE
Philadelphia Animal
Specialty & Emergency

Name: _____

Date: _____

Phone number you be reached at: _____ | **Email** you can be reached at: _____

When are you available for a phone call? (Please select all that apply):

Morning ☐ Day time ☐ Night time ☐ **Other/Additional Detail:** _____

What time will you be able to pick up your pet? (Please select all that apply):

Morning ☐ Day time ☐ Night time ☐ Other/Additional Detail: _____

Please complete this form with as much accuracy as possible.
The information you provide us with help us make the best possible treatment plan and decision for your pet(s).

Have you noticed any signs of tumor growth or change since your last appointment?
Yes ☐ No ☐ Unsure ☐

Describe your pet's food intake since your last visit:
☐ Normal
☐ Normal, but with coaxing or diet change
☐ Decreased

Describe your pet's water consumption:
☐ Normal
☐ Increased
☐ Decreased

Has your pet experienced any vomiting since your last appointment?
NO ☐ YES ☐ Unsure ☐

If your pet was vomiting, how many times did he/she vomit?
1-2 Times ☐ 3-5 Times ☐ 6+ Times ☐

How long did the vomiting last?
1 Day ☐ 2-4 Days ☐ 5+ Days ☐

Describe your pet's stool since your last appointment:
Normal ☐ Soft ☐ Diarrhea ☐

Please describe your pet's activity level since your last appointment:
Normal ☐ Increased ☐ Moderately Decreased ☐
Severely Decreased ☐

If your pet had a decreased appetite:
a) How was it treated?
_____
_____
b) How many days was your pet treated?
_____
_____

Has your pet been fed today? ☐ YES ☐ NO
If yes, what time? _____

If your pet was vomiting, how soon after the last appointment did it start?
Hours ☐ 1 Day ☐ 2-3 Days ☐ 4+ Days ☐

If you pet vomited more than 1 time, were the events:
☐ Less or equal to 15 minutes apart
☐ More than 15 minutes apart

If you pet had any vomiting, how was it treated?
_____
For how many days was it treated? _____

If your pet had any diarrhea, how many times per day did it occur? _____

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If your pet had any diarrhea, how soon after the last appointment did it begin?
Hours ☐ 1 Day ☐ 2-3 Days ☐ 4+ Days ☐

If your pet had any diarrhea:
a) How was it treated?
_____
_____
b) How many days was your pet treated?
_____

Describe your pet's urinary frequency:
☐ Unchanged
☐ Increased (Describe: _____)

Was your pet straining to urinate?
YES ☐ NO ☐ Unsure ☐

Did you notice any blood in your pet's urine?
YES ☐ NO ☐ Unsure ☐

Was your pet leaking urine since its last appointment?
YES ☐ NO ☐ Unsure ☐

Did you observe any coughing or difficulty breathing since your last appointment? YES ☐ NO ☐
If yes, please describe: _____
_____
_____
_____
_____
_____

Did your pet show any signs of being in pain since your last visit?
☐ NO
☐ Mild, but not interfering with daily activity
☐ Moderate, interfering with daily activity
☐ Severe pain
☐ Disabling pain
☐ Unsure

What is your pet's current diet and how much a day are they eating? Please include treats and/or supplements (vitamins, herbs, etc.).
_____
_____

List medications your pet is receiving, including any preventative medications (ie: heartworm).

Medication & amount (milligrams or number of pills)	Frequency	Refill needed?

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Do you have anti-nausea medication at home for your pet?

_____

Do you know what and how much?

_____

Do you have any anti-diarrrheal medication at home for your pet?

_____

Do you know what and how much?

_____

Do you give us permission to sedate your pet today if needed? ☐ YES ☐ NO

Do you give us permission to do additional blood work if indicated? ☐ YES ☐ NO

The above information provided is true and accurate.

Signed: _____ **Date:** _____