



VETERINARY ONCOLOGY CONSULTANTS

helping veterinarians treat pets with cancer

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CONSULTATION REQUEST FORM (2020) ~ 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
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 (\$235)* Fax (\$235) Phone (\$260)

(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.

Veterinary Oncology Consultants ~ Consultation Request Form ~ page 2 of 2

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? _____
