

helping veterinarians treat pets with cancer

CONSULTATION REQUEST FORM (2023) ~ 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 Veterinar	ian:		_
Number of pages in submission	n:		
Veterinary Practice Name:			_
Veterinary Practice phone:		Fax number:	
Email address for reports:			
Practice billing contact person,	/administrator:		_
Email address for billing:			_
How would you like us to resp *Note: phone consultation		Phone (\$300*) eport followed by a call to cover any questi	ons
Do you also need?	Chamatharany protoco	ol (#40) (if sustant designed #70)	
	.,.	ol (\$40) (if custom-designed \$70)	
		dministration and handling sheets (\$15 ea	
		ets on treatment type and protocol (\$15 e	,
	Client information shee	ets on tumour type and behaviour (\$15 ea	ach)
Do you require a copy of this	consultation report with Yes	nout billing information included? No	
Animal's name:			
Owner's surname:		_	
Species:	_ Age: Breed: _	Sex:	
Weight:kg			
Diagnosis (please also attach	a copy of the biopsy/cyt	tology 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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<u>Please provide a summary</u> of the cancer history (note tumour location, size, duration, etc.
Signs & symptoms? □Normal □Abnormal (please describe)
CBC, Chemistry Profile, UA performed? (please attach results)
Regional lymph nodes enlarged? No Yes (Biopsy or Aspirate?[please attach results of the second of the seco
Radiographs? (please attach results) Yes Site: ONC
Ultrasonography? (please attach results) Yes Site: ONC
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 assessmen

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