



## 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](mailto:voc@vetoncologyconsults.com)
2. We will provide requested materials to you before the end of the next consulting day (Monday – Friday, 8am-3pm NSW, Australia time) by your preferred method indicated below (email or phone). We will send you an invoice at the end of each calendar month – payment terms are 21 days

**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 (\$280)  Phone (\$350\*)

\*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.):**

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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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