

TEL 858 875 7500
FAX 858 875 7525
TOLL FREE 877 VSH PETS
EMERGENCY 858 875 7570

10435 Sorrento Valley Rd
Suite 100
San Diego, CA 92121

www.vshsd.com



Oncology Check-In Form

Patient: _____

Client: _____

Date: _____

1. How would you rate your cat or dog's **current** status? (check one please)

- Excellent (100%) Good (good quality of life, but not 100%)
 Fair Poor Very Poor

2. Please comment on the following since your last visit:

If you have reported a problem in the left column, has the problem been noted during the last 48 hours?

Lethargy	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Vomiting	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Diarrhea	<input type="checkbox"/> none	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe	yes	no
Appetite	<input type="checkbox"/> increased	<input type="checkbox"/> normal	<input type="checkbox"/> ½ of normal	<input type="checkbox"/> not eating	yes	no
Drinking	<input type="checkbox"/> increased	<input type="checkbox"/> normal	<input type="checkbox"/> ½ of normal	<input type="checkbox"/> not drinking	yes	no

Other _____

3. Please list all current medications so we may keep records accurate at all times. This section helps us be certain that **outside pharmacies** have properly filled prescriptions, that **our instructions are accurate and being followed**, and allows us to record medications that may have been **prescribed by another hospital**. Please indicate whether a listed medication has been initiated since your last visit here and indicate whether you need a refill on any medications. Please use the back of this paper if needed.

Medication & Strength	Dose (i.e. 1 tab twice a day)	New Med	Need Refill
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have any specific questions or concerns? No Yes

5. If you are leaving your dog or cat with us today, where can we reach you? _____; note: if we are unable to reach you during the day, treatments and subsequently pick-up times may be considerably delayed.

6. What time works best for you to pick up your dog or cat? _____ am pm

Please understand that we will attempt to have your pet ready by the time specified above, but that unexpected circumstances may not allow this. We recommend that you call 1 hour before this time to obtain an update or expected discharge time.

Please type any additional comments you have below: