

ONCOLOGY RECHECK QUESTIONNAIRE

1) How is your pet's overall activity?

Decreased The same Increased

explain: _____

2) Has their appetite . . .

Decreased The same Increased

explain: _____

3) Has his drinking . . .

Decreased The same Increased

explain: _____

4) Has your pet had any vomiting and/or diarrhea, if so please explain what day(s), how often, and was it soon after eating or drinking?

5) Has your pet had any abnormal behavior?

Yes No

explain: _____

6) What current medications is your pet taking (Name of medication, miligrams, and directions)?

_____	_____
_____	_____
_____	_____
_____	_____

7) Does your pet need any refills on any of their medications? What medication(s)? How much would you like us to fill?

_____	_____
_____	_____

8) Do you have any questions / concerns?

