

EXAMINATION FORM - ONCOLOGY- VET USE ONLY



Name of Vet	Name of Clinic
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Client Name	Patient Name
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Presenting Problem	Cancer Diagnosis	How was Diagnosis obtained? <input type="radio"/> Cytology <input type="radio"/> Histopathology
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Please describe tumour (size, location, ulceration, fixed or not)

Date of last Vaccination	Date of last Heartworm prevention
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Date/product of last intestinal worming	Date/product of last flea & tick prevention
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Diet

Appetite

Thirst

Urination

Defecation

Energy Level

Weight gain / loss

Recent History - including any strategies performed and therapies incited

Physical exam	BCS	MM	HR	PR	RR
Temperature		Weight		Murmur	

Please ensure clinical files and all supporting information is uploaded to the referring vet portal

Body Condition

Demeanour

Ears / Eyes

Oral Exam

Cardiovascular
Exam

Respiratory
Exam

Musculoskeletal
Exam (muscles,
bones, neck
pain, lameness)

Neurological
Exam

Abdominal
Exam

Urogenital Exam

Skin

Rectal Exam

Lymph Nodes

Mammary Chain

I Accept

I understand any treatment recommendations and protocol have been developed specifically for the patient contained herein and is not for use with other patients

Signed: _____

Date: _____