

CHEMOTHERAPY – OUTPATIENT LOG

Canada West Veterinary Specialists
1988 Kootenay St
Vancouver, BC. V5M 4Y3

Date: _____

_____ is here for chemotherapy treatment today. Please take a moment to answer the following questions as best as you can to help us treat your pet.

1. For TODAY'S visit does your pet require any of his/her current medications or special food? NO _____ YES _____ (if yes – please note drug and time below)

Drug _____	Dose _____	time _____	Drug _____	Dose _____	time _____
Drug _____	Dose _____	time _____	Drug _____	Dose _____	time _____

2. Have you visited a veterinarian since we last saw you? YES _____ NO _____
If yes, why? _____

3. Was any of the following taken/done:
Bloodwork _____ urine _____ radiographs _____ medications dispensed _____
Name and dose of medication _____

4. Do you require a refill on any of your pet's medications? YES _____ NO _____
If yes, which medication? _____

5. Since your pet's last treatment, please comment on habits below (circle all that apply)

eating no change less more **drinking** no change less more
urinating no change less more **vomiting** yes no **diarrhea** yes no
overall attitude excellent fair poor

Please comment on any further questions, comments or concerns you may have

I (client/agents name) _____
Authorize CANADA WEST VETERINARY SPECIALISTS to perform chemotherapy on
Pets name _____ Signed _____

Discharge time (*please set up with reception*) _____
Contact number(s) at which you can be reached today _____