



VETERINARY
CANCER & SURGERY
SPECIALISTS

Referring Veterinarian _____ Clinic Name _____

Phone # _____ Fax # _____

Client Name _____ Client Phone # _____

Pet's Name _____ Species _____ Breed _____

Tumor type and location _____

Treatment done prior to referral _____

Diagnostics done prior to referral – *please circle and fax results*

Biopsy	FNA/ cytology	CBC	Chem	U/A	CT scan
MRI	Ultrasound	Lymph node aspirates	X-rays	Other: _____	

Is this a recurrent tumor? Y N

Any other masses? _____

Relevant history/ other health concerns _____

Current medications and supplements _____

Any known adverse drug reactions? Y N _____

Anything else we should know? _____