



# MEMPHIS VETERINARY SPECIALISTS

Professional care by  
compassionate specialists.

## Oncology Patient Admission Information

Date: \_\_\_\_\_

Weight \_\_\_\_\_ (lbs) \_\_\_\_\_ (kgs)

Patient Name: \_\_\_\_\_

Person dropping off/ bringing in patient: \_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_

What time do you need to pick up your pet? \_\_\_\_\_

Which best describes your pet's health since last visit?    Excellent    Good    Fair    Poor

Describe any problems since last visit (vomiting, diarrhea, lethargy, loss of appetite, etc). When did the problem occur? How long did it last? Has it resolved? \_\_\_\_\_

List any questions or concerns that you would like to discuss with the doctor: \_\_\_\_\_

What medications have you given your pet since the last visit and do you need refills?

Name of Medication	Dose (mg or # pills)	How often given	# of days given	Need refill?

Admitting nurse comments and initials: \_\_\_\_\_

I, the undersigned, take responsibility for the patient above-named and hereby authorize Memphis Veterinary Specialists, LLC to administer such treatment as is necessary and is considered therapeutically and/or diagnostically necessary in the patient's ongoing treatment. I understand that during the performance of the procedures or treatments that unforeseen conditions may be revealed that necessitate additions or changes in the scheduled procedures or treatment. Therefore, I hereby consent to and authorize the performance of such procedures or treatments as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medications. I understand that hospital support staff will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the treatments and the risks involved. I realize that there are risks associated with anesthesia, and risks associated with medical procedures and treatments, including the administration of chemotherapy agents. I realize that the desired effects may not be achieved and that results cannot be guaranteed. I have read and understand this authorization and consent.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_