

**Advice Request
Animal Cancer Centre**

Please note: This service provides medical consultation for **non-urgent** advice to **VETERINARIANS ONLY**.

**Please return to:
Oncology Service**

**ATTENTION: Oncology Technicians
fax: 519-837-8428**

Veterinary Clinic Information
Date Submitted: _____
Clinic Name: _____ Phone Number: _____
Fax Number: _____ Email Address: _____
Primary Contact Veterinarian: _____ Alternate Contact Veterinarian: _____
BEST TIME TO RETURN YOUR CALL: _____

Patient Information
Breed: _____ Sex: _____ Age: _____
Diagnosis: _____
Case Summary – Please include pertinent features of the history, physical examination and diagnostic evaluation, treatment to date (if any) and response to therapy. Do not forward entire files / medical records as these will not be reviewed. Please enclose any cytology or histopathology results.

Specific questions or concerns to be addressed:

Please include **original copies** of **pertinent** laboratory data (**Cytology, Histopathology results**).

Total number of pages included in fax: _____

Requests for advice will be returned by telephone (in most cases) or fax **between 9am and 5pm**. We strive to respond to all consults **within 3-5 business days**.

This consultation service is intended to provide information, advice and guidance regarding feline and canine oncological issues. The information provided by the consultants is an educational service only. Regarding individual patients, the consultation service does not replace the primary care veterinarian's independent judgment regarding the appropriateness of a diagnosis and the risks and benefits of a procedure or treatment. All health care decisions are the responsibility of the primary care veterinarian. The Ontario Veterinary College Teaching Hospital, Department of Clinical Studies and individual consultants are not responsible or liable for any course of treatment, diagnosis, service or products instituted or recommended by the primary care veterinarian.