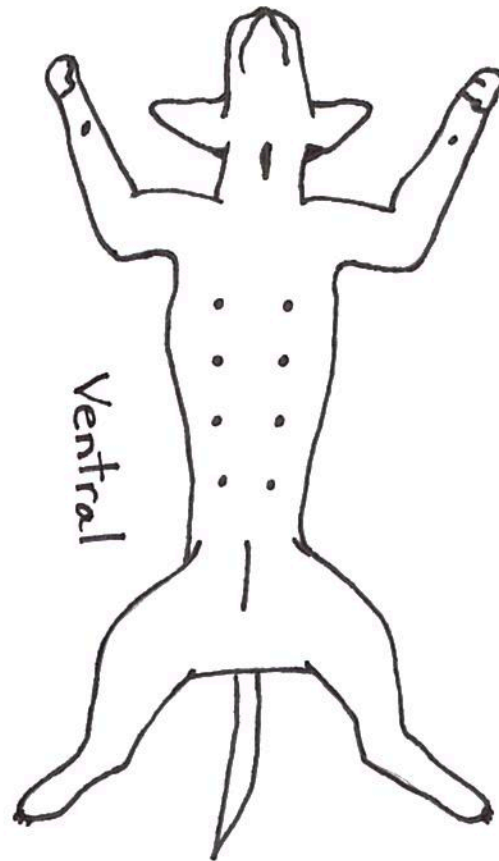
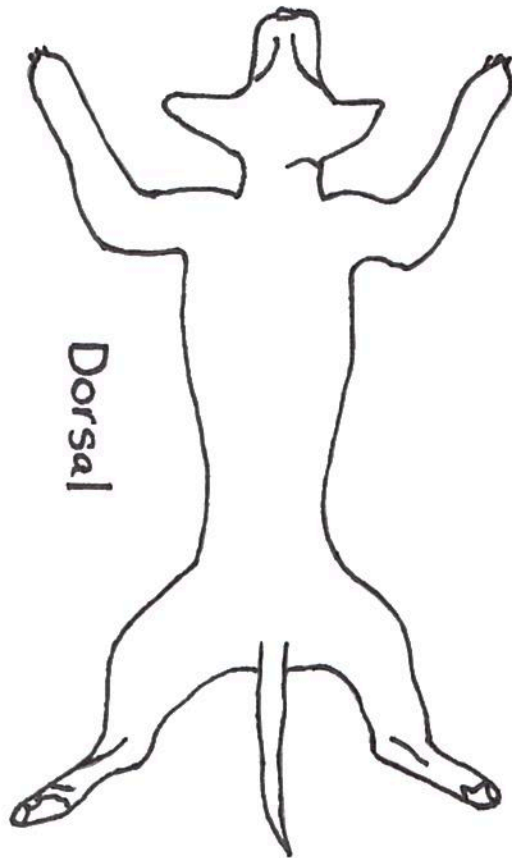


Date _____

Pet's Name _____



Please mark on the diagram above where the affected areas are located on your pet.

If there are any other locations you have not marked that the doctor feels is necessary for removal, would you want these to be removed today? YES NO

How many lumps/masses/warts/lesions are being removed today? _____

Would you like for any of these to be sent out for biopsy? YES NO

Client Initials: _____