

Growths/Lumps Questionnaire

Please allow us to touch the actual area(s) you are describing when your pet is brought into the hospital.

Where is the lump? _____

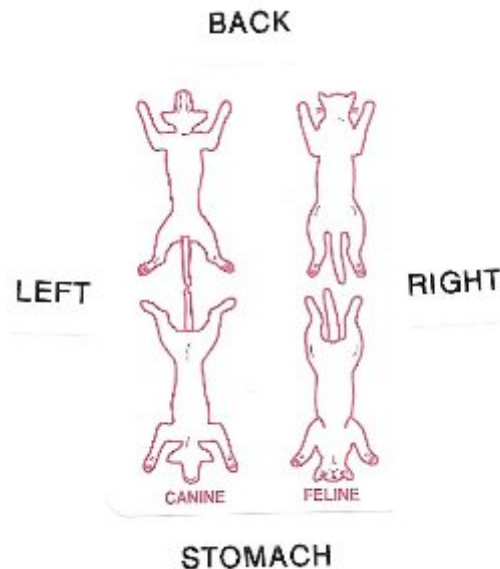
How long has the lump been there? _____

Has the lump changed? Size? _____ Shape? _____ Color? _____

Is there or has there been any discharge from the area? _____

Is your pet bothering (licking, chewing) the lump? _____

Using the diagram below, please mark the area where the lump is located.



PLEASE LEAVE US A NAME AND PHONE NUMBER WHERE YOU CAN BE REACHED WHILE YOUR PET IS STAYING WITH US.

NAME _____

PHONE #