Growth Removal Form

| Pets Name | Owner Name | Co | ntact Number |
|----------------------|---------------------------------|-----------------------|----------------------|
| Species | Breed | A | ge |
| Help us help yo | Top | Bottom | ion of all lumps. |
| Please count the nur | mber of growths to be removed_ | Number of growt | hs removed |
| The tissue w | vill be sent for pathologist r | eview (cost of one s | ite \$188.29). |
| O Please remo | ove any additional growths you | u find during examina | ation. There will be |
| O Please conta | act me if there are any additio | nal growths found du | ring examination. |
| Owner Signature | | Date | |