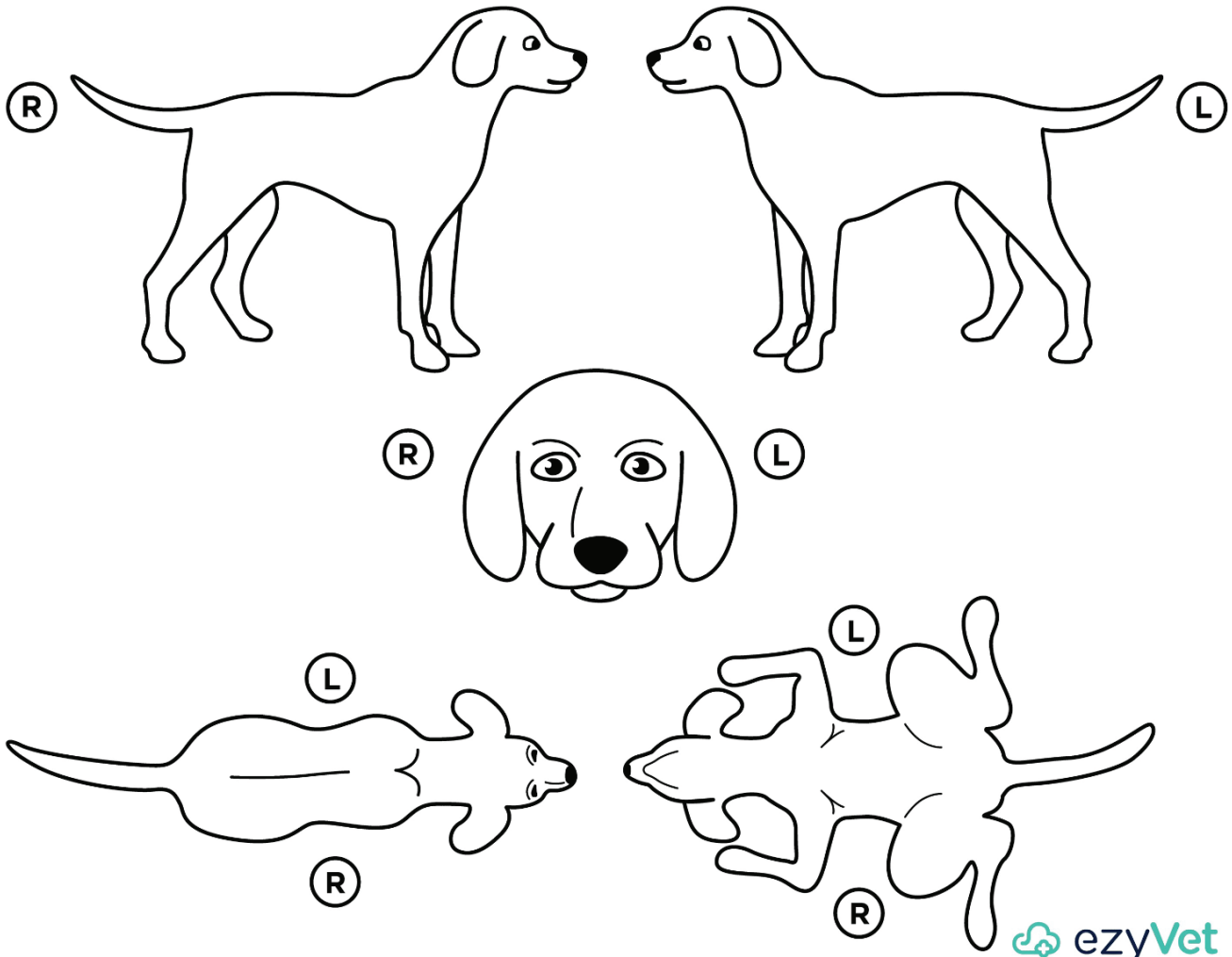


Lumpectomy Dog Chart



Name: _____

Address: _____

Phone number: _____

Email: _____

Patient: _____

Species: _____

Breed: _____

Date of birth: _____

Age: _____ Colour: _____

Sex: _____

Spayed/neutered: _____

If lumpectomy, would you like it sent to our histopathologist at an extra cost? _____