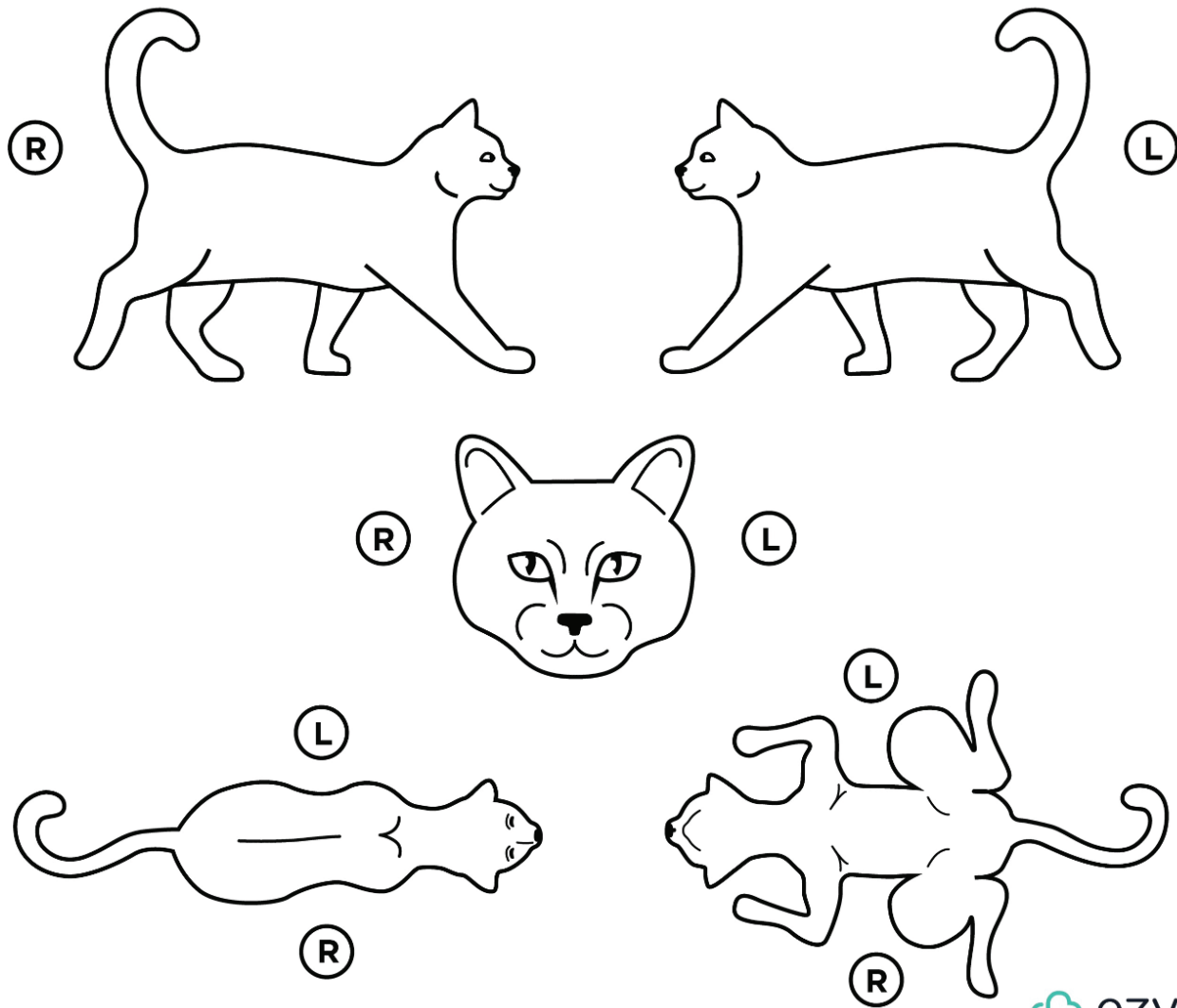


Lumpectomy Cat Chart



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? _____