

SKIN BIOPSY SUBMISSION FORM

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Veterinarian Submitting:

Name _____
Clinic Name _____
Address _____
City _____
State _____ Zip Code _____
Phone _____
Fax _____

Owner and Animal Information:

Client Name _____
Animal Name _____
Breed _____
Age _____ Sex _____

History:

Description of lesions Including Lesions Biopsied:

Distribution of Lesions:

Previous Treatment and Response to Treatment:

Clinicians Differential Diagnosis: