

Lump/Growth Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the reason for your visit today? _____
2. Where is the lump/growth located?

3. How long has it been there?

4. Has the size changed at all? If yes, has it gotten larger or smaller?

5. Does any blood or discharge ever come from the lump/growth? If yes describe.

6. Has your pet been bitten by any insects that you know of recently?

7. Has your pet been scratched or punctured by anything that you know of recently?

8. Has it changed in color or appearance? If yes, please describe how:

9. Does it seem to bother your pet? (i.e. painful or itchy)

10. Does pet lick, scratch, or bite at it?

11. Was pet recently vaccinated or given any injections?

12. Does the area have any hair loss?

13. Has it affected pet's behavior or attitude at all? (i.e. lethargic, listless, not his/herself) If yes, please describe how:

14. What is your pet's current diet? (be specific)

15. Is your pet kept indoors, outdoors, or both?

16. Has your pet been away from its normal environment or around any new animals recently? _____
17. Does your pet have any known allergies?
