**CLIENT INFORMATION**

Clinic name:

Veterinarian:

Phone/FAX:

E-mail:

**ANIMAL INFORMATION**

Owner:

Animal name

Clinic ID:

Species:

Breed:

Age:

Date of birth:

Date taken:

Sex:

Weight:

**TISSUE SUBMITTED**

Anatomic location:

How was it collected:

**CLINICAL HISTORY**

General:

Description of lesion(s):

CLINICAL DIAGNOSIS: