



Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### LUMP/GROWTH

You have chosen for your pet to have an exam to examine a lump/growth, and also, if necessary, vaccinations and testing and minor medical procedures. You authorize us to do so without your presence. Please take a moment to thoroughly fill out the following questions regarding your pet's condition so that we can make sure we are taking the best possible care of your pet.

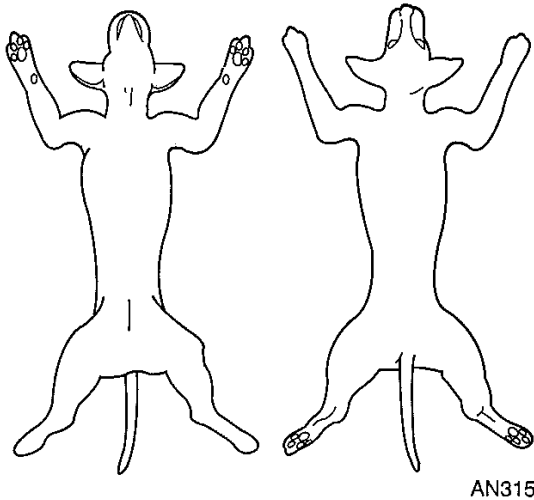
If you need more time to complete this form, please feel free to take it with you and return it or fax it by 1 pm in order for your pet's exam to be done during our in-patient exam time. Our FAX number is 978-256-9554. You can reach us by phone at 978-256-9555.

Following your pet's exam, a technician will speak with you to go over the details of your pet's visit. You may choose to either set up a time to speak with him/her at your pet's discharge, or to receive a phone call at a later time, at your convenience. Please let the receptionist know which option you would prefer.

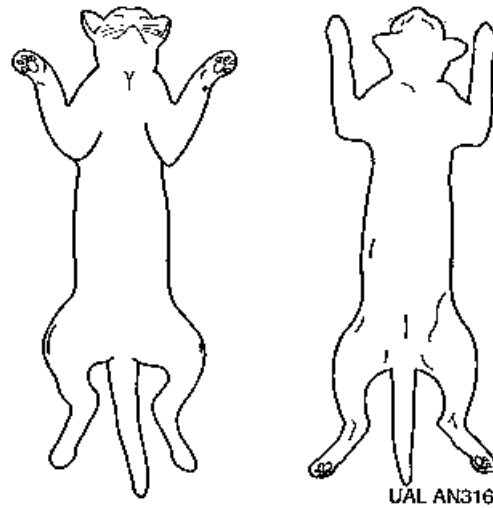
Discharge (Time: \_\_\_\_\_)     Phone Call (Time: \_\_\_\_\_)

1. Please mark on the diagrams below the location of the lump(s) in question. If it is a small or difficult to find growth, please show our staff the location.

Canine



Feline



2. When did you first notice the lump?

Today     Yesterday     2-3 days ago     ~ 1 week ago     ~ 1 month ago     Other: \_\_\_\_\_

3. Has there been any change in the size of the lump since you first noticed it?  
 No change    Slightly smaller    Much smaller    Slightly bigger    Much bigger
4. Has there been any change in the consistency of the lump?  
 No change    Softer    Firmer    Was moveable, now is not    Other: \_\_\_\_\_
5. Does the lump seem to bother your pet (is s/he scratching or licking at it, etc)?    YES    NO
6. Any previous history of lumps that have been removed?    YES    NO  
 If yes, please provide any details: \_\_\_\_\_
7. Does the lump bleed?    YES    NO
8. Is there any discharge from the lump?    YES    NO  
 If yes, please describe: \_\_\_\_\_
9. Does the lump seem to change in size from time to time?    YES    NO

**Additional Procedures/Diagnostics:**

At the time you drop off your pet, you should receive an estimate listing the diagnostic procedures associated with your pet's problem and their costs, for which you will responsible. During the course of your pet's in-patient exam, the veterinarian may determine the need for additional services in order to complete his/her evaluation of your pet. If the doctor discovers a problem requiring a more extensive work-up, we will attempt to contact you before proceeding. You, or your authorized emergency contact, must be available via phone.

Please review the options below, and check and initial **one**:

- I authorize Countryside staff veterinarian(s) to examine and treat my pet as outlined in the IPE estimate, and up to an additional \$100 in services, if needed.  
*Initial:* \_\_\_\_\_
- If additional services are needed, please attempt to contact me (or my alternate contact) at the number provided. If I cannot be reached, I authorize Countryside to perform additional services up to \$300.  
*Initial :* \_\_\_\_\_
- I do not authorize any additional services beyond the scope of the IPE estimate. I understand that if I later choose to have the medical procedures recommended during the IPE performed, I will be responsible for an additional examination fee of \$49.50, plus the cost of the individual services.  
*Initial:* \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name of alternate contact\*: \_\_\_\_\_ Phone: \_\_\_\_\_

(\*This person must be authorized to make medical and financial decisions for your pet)

CVH Staff: \_\_\_\_\_