PET EMERGENCY CLINIC & REFERRAL CENTER
CLINICAL PATHOLOGY SERVICE

petemergencyspokane.com

Hospital/Clinic _____ Veterinarian _____

Hosp./Clinic Phone _____ Hosp./Vet Email _____ Collection Date _____

Owner Name _____ **Animal Name** _____

SPECIES

☐ Canine ☐ Equine Breed _____

☐ Feline ☐ Other _____ Animal Age _____

SEX

☐ M ☐ MN

☐ F ☐ FS

☐ Cytology ☐ Fluid Analysis ☐ Synovial Fluid Analysis ☐ CBC w/ Path Review

☐ CSF ☐ Bone Marrow* ☐ Urine Sediment/ Blood Smear Review ☐ Urinalysis

*Rec'd CBC within 24 hours

HISTORY/LESION DESCRIPTION (ATTACH ADDITIONAL PAGES AS NECESSARY)

Duration of Lesion/Clinical Signs _____

_____

_____

FOR MASSES

Size _____ Shape _____ Color _____

Consistency _____ Distribution _____

Working Diagnosis _____

SAMPLE SITE/LOCATION — # OF SPECIMENS/SLIDES

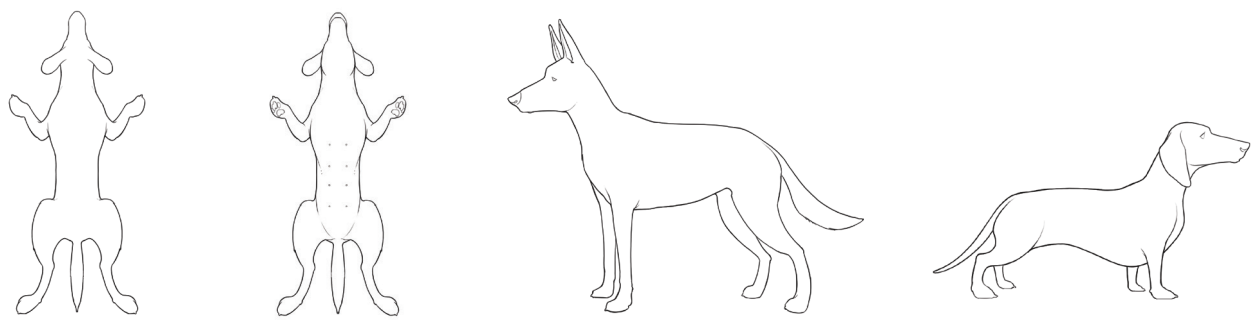
1. _____ _____

2. _____ _____

3. _____ _____

Additional Sites _____ _____

LOCATION



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