

**FERRY FARM ANIMAL CLINIC, Ltd.**

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Growth Removal Form

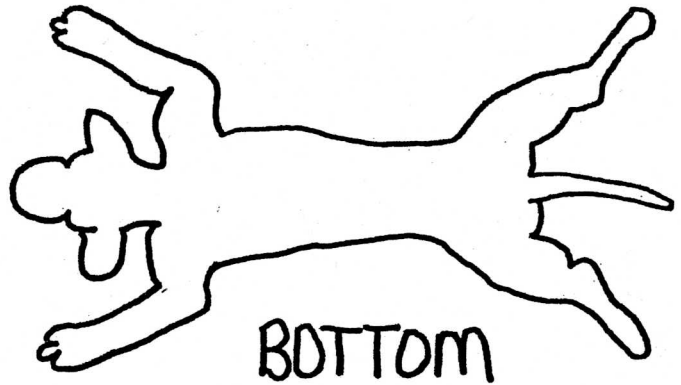
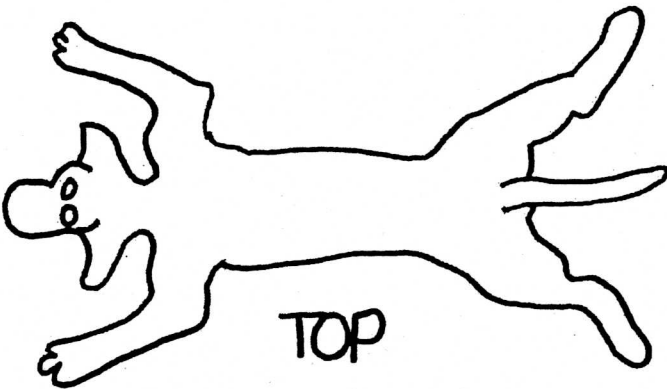
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Pet Name

Owner

Chart Number

Help us help your pet. Please use the diagram below to mark the location(s) of all the lumps and bumps that you wish us to remove.



Owners, count the number of growths to be removed: \_\_\_\_\_ Number of growths removed: \_\_\_\_\_

- Please remove any additional growths you find during the examination.
- Please contact me if additional growths are found.

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Signature of Owner or Agent

Date