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**DERMATOPATHOLOGY SUBMISSION FORM**



**Veterinary surgeon**

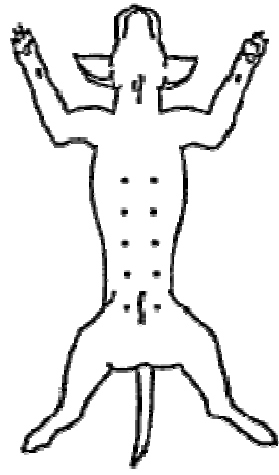
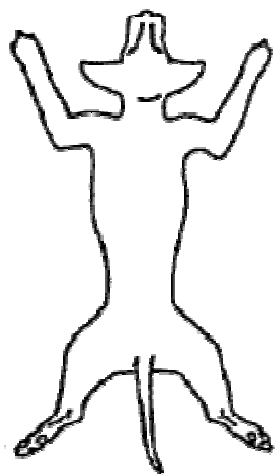
Name:	
Address	
e-mail:	
No. of biopsies	
Date of posting	

**Owner**

Name:			
<b>Patient</b> - species:			
Sex (circle):	<input type="checkbox"/> M / <input type="checkbox"/> MN	<input type="checkbox"/> F / <input type="checkbox"/> FN	
Breed:		Age:	
Name:		Weight:	

Description of the lesions, evolution, localisation, (email images)

Indicate the distribution of the lesions and biopsies

ventralní	dorsální
	

Presence of pruritus, if yes, primary or secondary?

Duration of the process, relapses, seasonality?

Presence of ectoparasites / fleas, flea control:

General health status, other diseases, current diet, current travelling / change of the environment

Your clinical opinion, diagnostic tests (+ results) performed so far, your differentials (in case of need, use the reverse side)

Therapy used so far (including the dosages and duration of the treatment), effectiveness of the treatment