

# CYTOLOGY REPORT

Date: \_\_\_\_\_ CY05-

Attending Veterinarian/ Phone \_\_\_\_\_

Owner: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Clinical Signs and duration:

Medication:

Tentative diagnosis:

Source of sample: \_\_\_\_\_

Final report \_\_\_\_\_

See fax report \_\_\_\_\_