



**Winrock**  
ANIMAL CLINIC, P.C.

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Owner's/Guardian's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

**Lump/Growth Questionnaire**

1. What is the reason for your visit today? \_\_\_\_\_
2. Where is the lump/growth located?  
\_\_\_\_\_
3. How long has it been there?  
\_\_\_\_\_
4. Has the size changed at all? If yes, has it gotten larger or smaller?  
\_\_\_\_\_
5. Does any blood or discharge ever come from the lump/growth? If yes describe.  
\_\_\_\_\_
6. Has your pet been bitten by any insects that you know of recently?  
\_\_\_\_\_
7. Has your pet been scratched or punctured by anything that you know of recently?  
\_\_\_\_\_
8. Has it changed in color or appearance? If yes, please describe how:  
\_\_\_\_\_  
\_\_\_\_\_
9. Does it seem to bother your pet? (i.e. painful or itchy)  
\_\_\_\_\_
10. Does pet lick, scratch, or bite at it?  
\_\_\_\_\_
11. Was pet recently vaccinated or given any injections?  
\_\_\_\_\_
12. Does the area have any hair loss?  
\_\_\_\_\_
13. Has it affected pet's behavior or attitude at all? (i.e. lethargic, listless, not his/herself) If yes, please describe how:  
\_\_\_\_\_  
\_\_\_\_\_
14. What is your pet's current diet? (be specific)  
\_\_\_\_\_
15. Is your pet kept indoors, outdoors, or both?  
\_\_\_\_\_
16. Has your pet been away from its normal environment or around any new animals recently?  
\_\_\_\_\_
17. Does your pet have any known allergies?  
\_\_\_\_\_  
\_\_\_\_\_