



Dermatology Referral Service

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RCVS Recognised Specialists in Veterinary Dermatology

Cutaneous cytology request form

Submitting Veterinary Surgeon.....

Practice Address

Tel.....Fax.....

E mail address.....

Owner's name:.....

Animal ID.....

Breed.....Age.....Sex M F N

Sample submitted

Site.....

Impression Smear	Y	N	Stain used	Unstained
Tape Strip	Y	N	Stain used	Unstained
Ear cytology	Y	N	Stain used.....	Unstained

History, clinical signs and current treatment