



Avian Necropsy Submission Form

| | | | |
|---------------------------|--|--------------------------------------|--|
| Veterinary Clinic: | | Farm Name: | |
| Veterinarian: | | Owner: | |
| Mailing Address: | | Mailing Address: | |
| City/State/Zip: | | City/State/Zip: | |
| Telephone No.: | | Telephone No.: | |
| Fax No.: | | Email/alternative No.: | |
| Email: | | Fax No.: | |
| Alternative No. : | | Name of Guardian, if owner under 18: | |

Report Option: Full Microscopic Description

(Additional cost — please inquire before selecting)

Send Report to: Owner Veterinary Clinic Both

Send Bill to: Owner Vet Surveillance Program

By: Email Fax US Mail

Additional Report Copies to: _____

Animal Data

| No. | Identification/Band Number | Breed | Color | Age | Sex | Specimen (please check below) | Date of Death |
|-----|----------------------------|-------|-------|-----|-----|---|---------------|
| 1 | | | | | | <input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____ | |
| 2 | | | | | | <input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____ | |
| 3 | | | | | | <input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____ | |
| 4 | | | | | | <input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____ | |
| 5 | | | | | | <input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____ | |

Farm/Flock Information:

| | | |
|--|--|----------------------------------|
| Total Farm Population: | Number in this flock: | Raised for: |
| Flock location (if different from above): | | |
| Feed: | Free Range: <input type="checkbox"/> Yes <input type="checkbox"/> No | Bought at age: _____ From: _____ |

History and Clinical Summary:

| | |
|-------------------------|--|
| Disposition of Remains: | <input type="checkbox"/> Communal Cremation (included in necropsy fee) <input type="checkbox"/> Private cremation—crematorium choice _____ (additional cost) |
| Vaccination History: | |
| Clinical Diagnosis: | |

Office Use

Pathologist in charge:

Received Date/Time/Staff Initials:

Submitted by: Owner Veterinarian

Payment received: \$ _____ CC Check (# _____)

Courier Specify, _____