



Sheep/Goat Necropsy Submission Form

Veterinary Clinic:		Farm Name:	
Veterinarian:		Owner:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Telephone No.:		Telephone No.:	
Email/Alternative No.:		Email/Alternative No.:	
Fax No.:		Fax No.:	

Report Option: Full Microscopic Description
(Additional cost — please inquire before selecting)

Send Report to: Owner Veterinary Both

By: Email Fax Clinic US Mail

Send Bill to: Owner Vet Surveillance Program

Additional Report Copies to: _____

Animal Data						
Identification/Name	Species	Breed	Face Color (sheep)	Age	Sex	Weight
Scrapie Tag (Office use only) _____						

Dairy
Fiber
Meat
Pet

Choose one: Purchased Born on Farm

Number of animals in flock: _____

Primary breed: _____

Other animals on Farm: _____

History and Clinical Summary:

Disposition of Remains:	Communal Cremation (included in necropsy fee)	Private cremation - crematorium choice: _____ (additional cost)
Vaccination History:		
Clinical Diagnosis:		
Previous Accession #:		

Specimen Information:	<input type="checkbox"/> Dead Animal (fresh)	<input type="checkbox"/> Dead Animal (frozen)	Death	Date & Time of Death
	<input type="checkbox"/> Dead Animal (fixed)	<input type="checkbox"/> Fresh Tissue	<input type="checkbox"/> Fixed Tissue	<input type="checkbox"/> Other
	Euthanized — Method _____			

Pathologist in charge: _____

Office Use	Received Date/Time/Staff Initials: _____	Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian
	Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Courier Specify, _____