

(OFFICE USE ONLY) Accession No.
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**POULTRY NECROPSY SUBMISSION FORM**

<b>Veterinary Clinic</b>	<b>Owner:</b>
Veterinarian	Mailing Address:
Mailing Address:	City/State/Zip
City/State/Zip:	Telephone No.:
Telephone No.:	Fax No.:
Fax No.:	Email/alternative No.:
Email/alternative No.:	Name of Guardian, if owner under 18

Send Report to:  Owner  Vet  Both

Send Bill to:  Owner  Vet  Surveillance Program

By:  Email  Fax  Mail

Additional report copies to:

**Animal Data:**

No.	Identification/Band Number	Breed	Color	Age	Sex	Specimen ( <input checked="" type="checkbox"/> )	
1						<input type="checkbox"/> Live <input type="checkbox"/> Dead Fresh <input type="checkbox"/> Dead Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia/Method:	Date of Death:
2						<input type="checkbox"/> Live <input type="checkbox"/> Dead Fresh <input type="checkbox"/> Dead Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia/Method:	Date of Death:
3						<input type="checkbox"/> Live <input type="checkbox"/> Dead Fresh <input type="checkbox"/> Dead Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia/Method:	Date of Death:
4						<input type="checkbox"/> Live <input type="checkbox"/> Dead Fresh <input type="checkbox"/> Dead Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia/Method:	Date of Death:
5						<input type="checkbox"/> Live <input type="checkbox"/> Dead Fresh <input type="checkbox"/> Dead Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia/Method:	Date of Death:

**Farm/Flock Information:**

Total Farm Population:	Number in this flock:	Raised for:
<b>Flock location (if different from above):</b>		
Birds bought age:	From:	Feed:
		Free Range:
		Coccidiostat:

**History and Clinical Summary:**

Disposition of Remains:	<input checked="" type="checkbox"/> Communal Disposal (no return of ashes)	<input type="checkbox"/> Private Cremation (return of ashes at additional cost)
Vaccination History:		
Clinical Diagnosis:		
Report Option:	<input checked="" type="checkbox"/> Full Microscopic Description Required (additional cost)	

Note: CVMDL reserves the right to modify the tests requested for more efficient case work-up and/or to send specimens to outside laboratories to perform testing not done at CVMDL.

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Previous Accession #	Pathologist in Charge:	Payment Received:	<b>OFFICE USE ONLY:</b> Condition When Received:
<b>Specimen receipt</b>		\$ [ ] CC [ ] Check #	
Date/Time:	Submitted by:	Please circle: Call Results to Vet / Owner	Initials: