

(OFFICE USE ONLY)

Accession No.

## 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 ( )
1						Live    Dead Fresh    Dead Frozen    Date of Death: Natural    Euthanasia/Method:
2						Live    Dead Fresh    Dead Frozen    Date of Death: Natural    Euthanasia/Method:
3						Live    Dead Fresh    Dead Frozen    Date of Death: Natural    Euthanasia/Method:
4						Live    Dead Fresh    Dead Frozen    Date of Death: Natural    Euthanasia/Method:
5						Live    Dead Fresh    Dead Frozen    Date of Death: Natural    Euthanasia/Method:

### 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:	Communal Disposal (No return of ashes)	Private Cremation (Return of Ashes at Additional cost)
Vaccination History:		
Clinical Diagnosis:		
Report Option:	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 #	
<b>Specimen receipt</b>	

Pathologist in Charge:	Payment Received:
	\$      [ ] CC
	[ ] Check #

**OFFICE USE ONLY:**  
Condition When Received:

Date/Time:	Submitted by:	Please circle: Call Results to    Vet    /    Owner	Initials:
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