

(OFFICE USE ONLY) Accession No.

POULTRY NECROPSY SUBMISSION FORM

Veterinary Clinic	Owner:
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:
Flock location (if different from above):		
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 #	Pathologist in Charge:	Payment Received:	Condition When Received:
Specimen receipt		\$ [] CC [] Check #	
Date/Time:	Submitted by:	Please circle: Call Results to Vet / Owner	Initials: