



Aquarium/Zoo Necropsy Submission Form

Aquarium/Zoo: _____
Primary Contact: _____
Mailing Address: _____
City/State/ Zip: _____
Telephone No. _____
Fax No.: _____
Email Address: _____

(If applicable:)
Veterinarian: _____
Veterinary Clinic: _____
Mailing Address: _____
City/State/ Zip: _____
Telephone No. _____
Fax No.: _____
Email Address: _____

Have sample from this case been sent to other diagnostic laboratories?

No Yes

Send Bill to: Aquarium/Zoo Veterinary Clinic
Send Report to: Aquarium/Zoo Veterinary Clinic Both
By: Email Fax US Mail
Additional Report Copies to: _____

Animal Identification/Name: _____
Species: _____
Breed: _____ **Sex:** _____ **Weight:** _____
Age: _____ **Collection Animal** **Stranded Animal**
Addressed where found if stranded:

History and Clinical Summary (required):

Death: Natural Euthanasia Specify Method: _____ **Time/Date of Death** _____

Disposition of Tissue Dispose of tissue (included in cost of necropsy fee) Send tissue back (additional cost determined by volume)

Specimen Information: Live Animal Dead Animal (Fixed—whole) Dead Animal (Fixed—tissue set)
 Dead Animal (Fresh) Dead Animal (Frozen) Other, Specify _____

Vaccination History: _____

Clinical Diagnosis: _____

Previous Accession No. : _____

Report Option (check here): Full Microscopic Description Required (additional cost)

Office Use	Pathologist in charge
Date Time: _____	Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Zoo/Aquarium Please Circle Initial/Date
Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Courier Specify _____	Call results to: Vet / Zoo/Aquarium