SHEEP/GOAT NECROPSY SUBMISSION FORM

Veterinary Clinic: 
Veterinarian: 
Street Address: 
City/State/Zip: 
Telephone No.: 
Fax No.: 
Email/alternative No.: 

Owner: 
Mailing Address: 
Street Address: 
City/State/Zip: 
Phone: 
Fax No.: 
Email/alternative No.: 
Premise ID: 

Have samples from this case been submitted to other diagnostic laboratories: 
Yes ☐ No ☐ Both ☐ 

Send Report to: 
Owner ☐ Veterinary Clinic ☐ Both ☐ 
By: Fax ☐ US Mail ☐ Both ☐ Email ☐ 

Additional report copies to:

Animal Data:

<table>
<thead>
<tr>
<th>Identification/Name</th>
<th>Species</th>
<th>Breed</th>
<th>Color</th>
<th>Age</th>
<th>Sex</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Color (sheep)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dairy ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiber ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchased or Born on farm:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other animals on Farm:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of animals in Flock:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Breed:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

History and Clinical Summary:

Vaccination History:

Clinical Diagnosis:

Previous Accession #: 
Test Requested office use: 
Necropsy ☐ Histopathology ☐ Microbiology ☐ Rabies Test ☐ Other (specify): ☐

Specimen Information:

Live Animal ☐ Dead Animal (fresh) ☐ Dead Animal (frozen) ☐ Dead Animal (fixed) ☐
Fresh Tissue ☐ Fixed Tissue ☐ Frozen Tissue ☐ Other (describe below) ☐

Death:

Natural ☐ Mode of Euthanasia: Euthanasia ☐ 
Time & Date of Death: 
Pathologist in Charge: 
Fee: 

Specimen receipt office use: 
Date: 
Time: 
Submitted by: 

Please circle: 
Call Results to Vet / Owner Initials: 

OFFICE USE ONLY:
Condition When Received:

OFFICE USE ONLY: