



Necropsy Submission Form

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

Owner _____
Street 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: Owner Veterinary Clinic

Send Report to: Owner Veterinary Clinic Both

By: Email Fax US Mail

Additional Report Copies to: _____

Animal Identification/Name: _____
Species: _____
Breed: _____ Color: _____
Age: _____ Sex: _____ Weight: _____
Addressed where housed, if different from owner: _____

History and Clinical Summary:

Disposition of Remains: Communal Cremation (included in cost of necropsy fee) Private Cremation (additional cost determined by crematorium)

Vaccination History:

Clinical Diagnosis:

Previous Accession No. :

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

Specimen Information: Live Animal Dead Animal (Fresh) Dead Animal (Frozen) Dead Animal (Fixed) Other, Specify

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

Pathologist in charge

Office Use

Date Time: _____ Submitted by: Owner Veterinarian Please Circle _____ Initial/Date _____
 Payment received: \$ _____ CC Check (# _____) Courier Specify, _____ Call results to Vet / Owner