Mammalian Necropsy Submission Form

Veterinary Clinic
Veterinarian
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
Addtional Report Copies to: ____________________________

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

History and Clinical Summary:

Vaccination History
Clinical Diagnosis
Previous Accession No:
Test Requested (office Use)      [ ] Necropsy   [ ] Histopathology   [ ] Microbiology   [ ] Rabies Test   [ ] Other, Specify

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: ____________________________

Date/Time: ____________________________
Submitted by: [ ] Owner   [ ] Veterinarian
Please Circle
Initial/Date: ____________________________
[ ] Courier Specify, ____________________________ Call results to Vet  /  Owner