



Sheep/Goat Necropsy Submission Form

Veterinary		Farm Name:	
Veterinarian:		Owner Name:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Telephone No.:		Telephone No.:	
Email/Alternative		Email/Alternative	
Fax No.:		Fax No.:	

Send Report to: Owner Veterinary Clinic Both

Send Bill to: Owner Vet

All reports are sent via email. Additional Reporting Method/Party(s):

Animal Identification/Name/Ear Tag(s)	Species	Breed	Sex	Age	Face Color (sheep)	Weight

Scrapie Tag (Office use only) _____

- Dairy Circle one: Purchased [OR] Born on farm
 Fiber Number of animals in flock: _____
 Meat Primary breed: _____
 Pet

Other animals on farm: _____
 Address/location of animal(s): Same as billing address above

History and Clinical Summary:

Disposition of Remains:	<input type="checkbox"/> Communal Cremation (included in necropsy fee) <input type="checkbox"/> Private cremation - crematorium choice: _____ (additional cost)
Vaccination History:	<input type="checkbox"/> Current/UTD <input type="checkbox"/> Not Current/Expired <input type="checkbox"/> Not Vaccinated <input type="checkbox"/> Unknown
Clinical Diagnosis / Specific Concerns: (Additional fees may apply)	<input type="checkbox"/> None <input type="checkbox"/> Rabies (Rbx Vx Status: <input type="checkbox"/> UTD / <input type="checkbox"/> Expired / <input type="checkbox"/> Unknown / <input type="checkbox"/> Not species approved) <input type="checkbox"/> Toxicology (<input type="checkbox"/> send immediately) <input type="checkbox"/> Other: _____

Specimen Information: <input type="checkbox"/> Dead Animal (fresh) <input type="checkbox"/> Dead Animal (frozen)	Death	Date & Time of Death
<input type="checkbox"/> Dead Animal (fixed) <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Other _____	Natural <input type="checkbox"/>	
	Euthanized <input type="checkbox"/> – Method _____	

Specimens and samples submitted to the CVMDL for investigation* become the property of the CVMDL. Samples and specimens may be tested as part of State/Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be, used in the teaching of students, in professional publications, or in the development of new assays.

Excludes tissues or clinical samples submitted by PIs as part of their research.

Office Use	Pathologist in charge:
Received Date/Time/Staff Initials: _____	Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian
Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Courier, Specify _____ <input type="checkbox"/> wi