Necropsy Submission Form

Submitted by: ____________________________  Date received: ____________________________
Clinic: ____________________________________  Owner: __________________________________
Address: ___________________________________  Address: _________________________________
Phone: ___________________________________  Phone: ___________________________________
Fax: _____________________________________

Results emailed unless otherwise indicated:  □ Mail  □ Phone  □ Fax  □ Email ____________________________

Animal ID: ____________________________  Age: ________  Sex: ________  Species: ________  Breed: ________

History/Clinical Signs:  Rabies vaccination status:  □ Unknown  □ Expired  □ Unvaccinated  □ Current
□ Natural death  □ Euthanasia—method: ____________________________  Date/time of death: __________________
Duration of illness: ____________________________  How has body been stored: ____________________________
Preventive medicine or treatment used: ______________________________________________________________
History/Comments: ____________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

□ History continued (reverse side or attached sheet)

Herd/Group/Flock Specimens:

How many animals in herd/group/flock: __________  How many affected: __________  How many have died: __________
Within what time frame: __________  Any recent additions to farm: ____________________________
Other species/breeds dying: ____________________________  Any recent changes in husbandry: ____________________________
What brand and type of feed: ____________________________  How housed: ____________________________
Purchased from: ____________________________  Milk/egg/other production: ____________________________

Disposition of Remains

Due to the dangers of potentially harmful organisms, chemicals, or other substances dangerous to plants and animals, including humans, the body cannot be returned to the owner. A preference for the disposition of remains must be indicated below.

Select one:  □ Group/communal cremation (additional fee applied, no ashes returned)
□ Individual cremation (additional fee applied, ashes returned)
□ Remains to be released and picked up by a licensed crematory service  Service name: __________________

I agree to the disposition of remains as indicated above.

Signature: ____________________________________________________________  Date: ____________________________

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