



LAB USE ONLY	
PATHOLOGY CASE #	
VTH Accession #	
PATHOLOGIST	
Date Received	

**NECROPSY SERVICE POST-MORTEM SUBMISSION FORM**

REFERRING VETERINARIAN INFORMATION		OWNER INFORMATION**		
Veterinarian: _____ Hospital Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____		Owner First Name: _____ Last Name: _____ Address: _____ Phone: _____ City/State/Zip: _____ **PLEASE NOTE: Owner <b>must</b> contact VTH Business Office at 540-231-6027 for <b>payment in full</b> prior to necropsy/cremation services.		
ANIMAL IDENTIFICATION		Manner of Death	Date of Death	DISPOSITION OF REMAINS
Name/ID: _____ Species: _____ Breed: _____ Sex: _____ Age/DOB: _____ Color: _____ Weight: _____		<input type="checkbox"/> Euthanized Method & Site:  <input type="checkbox"/> Unknown	<input type="checkbox"/> Previously Frozen <input type="checkbox"/> Legal Case <input type="checkbox"/> Insurance Case	<input type="checkbox"/> Internal Disposal Procedures <small>No additional cost to owner</small> <input type="checkbox"/> Private Cremation <small>Performed by off-site private crematory- <b>additional fees apply</b></small>

PROCEDURE REQUESTED
<input type="checkbox"/> Complete Postmortem Exam – ENTIRE BODY EVALUTION.
<input type="checkbox"/> Partial Postmortem Exam – VENTRAL MIDLINE INCISION, MINIMALLY INVASIVE. MAY RESULT IN INADEQUATE DIAGNOSIS.

HISTORY
<p>Include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination &amp; dates, previous submission(s).</p> <p>Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis.</p> <p><i>Samples collected during a necropsy become property of the section of anatomic pathology.</i></p>

Differential diagnosis(es):
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