

# NECROPSY SUBMISSION FORM



Cornell University

College of Veterinary Medicine  
Department of Biomedical Sciences, Section of Anatomic Pathology  
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Date Received \_\_\_\_\_  
Pathology # \_\_\_\_\_  
Vet. Acct # \_\_\_\_\_  
For office use only

Animal's ID \_\_\_\_\_ Species/Breed \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Died/Method of Euthanasia \_\_\_\_\_ Date & Time of Death \_\_\_\_\_  
Total number of animal's on premises: Adult \_\_\_\_\_ Young \_\_\_\_\_ Weight \_\_\_\_\_  
Total number affected: Adult \_\_\_\_\_ Young \_\_\_\_\_ Number dead \_\_\_\_\_  
Antemortem Diagnosis \_\_\_\_\_

Veterinarian: \_\_\_\_\_  
(Please print legibly)  
Address: \_\_\_\_\_  
City State Zip  
Phone ( ) \_\_\_\_\_  
Area code  
FAX ( ) \_\_\_\_\_  
Area code

Client: \_\_\_\_\_  
(Please print legibly)  
Address: \_\_\_\_\_  
City State Zip  
Phone ( ) \_\_\_\_\_  
Area code

HISTORY: (include date of onset/duration illness, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous submission[s], etc.)

ABORTION: Sumitted fetus  Placenta  Maternal blood sample

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Billing:  Necropsy at request of Owner, Bill Client \$ \_\_\_\_\_  
 Necropsy at request of Clinician; Bill account # \_\_\_\_\_  
 Ancillary testing estimate \$ \_\_\_\_\_  
Disposal:  Disposal at Pathologist discretion  
 Private cremation with ashes returned  
**Signed cremation authorization form and extra fee required**  
I, the undersigned veterinarian, have reviewed this form and attest that it is accurate and complete.

\_\_\_\_\_  
Required clinician signature

Necropsy and other test results will be sent directly to the veterinarian who is responsible for notifying the owner.

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Koda \_\_\_\_\_ Bacteriology \_\_\_\_\_ Virology \_\_\_\_\_ Parasitology \_\_\_\_\_ Toxicology \_\_\_\_\_ Date of freeze/storage \_\_\_\_\_  
Student \_\_\_\_\_ Resident \_\_\_\_\_ Pathologist \_\_\_\_\_  
Contact made on \_\_\_\_\_ to \_\_\_\_\_ with preliminary findings by \_\_\_\_\_  
(date) (clinician) (pathologist)