Kord Animal Health Diagnostic Laboratory
Animal Necropsy Submission

DATE__________________

CLINIC__________________________________________  OWNER__________________________________________

VETERINARIAN____________________________________  ADDRESS__________________________________________

ADDRESS__________________________________________  CITY_________________________STATE_____ZIP___________

CITY______________________STATE____ZIP___________  COUNTY_______PHONE_________________

PHONE_________________E-MAIL____________________  E-MAIL___________________________________________

1. Animal ID_____________Species________Age_________Sex___Breed_______________________________

2. Was the animal euthanized (how)? _______________Date of death:______________In the last two weeks in this group of
   animals, how many have died? ____How many are sick? ________How many at location? _______________________

3. Where was animal kept? _________________________What did it eat – was there a change in diet? ______________________

4. Recent changes in the environment or husbandry? _________________________________________________

5. Have any new animals been added recently (when)? _________________________________________________

6. What is the source of drinking water and how often is it available? _________________________________

7. What signs were present prior to death (and how long)? _______________________________________________

8. What treatments were given prior to death? _______________________________________________________

9. Was there access to any toxins/poisons? __________________________________________________________

10. What vaccines have been administered? __________________________________________________________

11. When & where was the animal obtained? __________________________________________________________

12. When did you last see the animal alive? __________________________________________________________

13. What questions do you want answered? ___________________________________________________________

   □ Cause of death  □ Exposure to specific toxins ($35+)  □ Risks of a disease harmful to other animals/humans

   □ Rule out the following: _______________________________________________________________________

14. Do we need to save remains for a private crematorium ($50)? ______________________________________

FOR LAB USE ONLY

Bacteriology_____________Cytology________Immunology________Direct FA________Virology_________

Parasitology__________Toxicology________Retained: Brain__Fresh__Intestine__Feces__Serum__Blood__Stomach Content

REMARKS: _________________________________Faxed_________________

Tissues (#)_________Trimmed By__________Necropsy_______Decal_______Emailed______Phoned________