



Kord Animal Health Diagnostic Laboratory Animal Necropsy Submission

DATE _____

CLINIC _____

VETERINARIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ PHONE _____

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 _____