

**Kord Animal Health Diagnostic Laboratory  
Animal Necropsy Submission  
\*Field Necropsy -Please also complete page 3 \***

DATE \_\_\_\_\_

CLINIC \_\_\_\_\_

VETERINARIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

1. Animal ID/Name: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_
2. When & where was the animal obtained? \_\_\_\_\_
3. What Vaccines were administered? \_\_\_\_\_
4. Was the animal euthanized (how)?  
 Humanly euthanized--Method? \_\_\_\_\_  Found Dead
5. Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. When did you last see the animal alive? \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Is this a herd/flock problem?  Yes  No If yes: How many have died? \_\_\_\_\_
8. How many of the herd/flock are currently sick? \_\_\_\_\_
9. What is the total number of animals located at the farm? \_\_\_\_\_
10. In the last two weeks in this group of animals, how many have died? \_\_\_\_\_
11. How many are sick? \_\_\_\_\_
12. Where was animal kept?  Pasture  Barn  Indoor/Outdoor  Indoor only  Other \_\_\_\_\_
13. Recent changes in the environment or husbandry? \_\_\_\_\_
14. Any recent additions to herd/flock and when? \_\_\_\_\_
15. What is the source of drinking water? \_\_\_\_\_

16. What was the animal's diet? \_\_\_\_\_

17. History: Please include illness signs, duration of illness, and treatment prior to death:

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18. What questions do you want answered?

- Cause of death     Risks of a disease harmful to other animals/humans
- Rule out the following: \_\_\_\_\_
- Exposure to certain Toxins/ was there exposure to certain toxins? (\$35) \_\_\_\_\_
- Spinal Cord Examination (\$20)

19. Do we need to save remains for a private crematorium (\$25)? \_\_\_\_\_

20. Is this an insurance or legal case?     Yes     No

**FIELD NECROPSY** # Of Animals in Submission: \_\_\_\_\_ Animal ID/Name: \_\_\_\_\_

Date Necropsy was performed: \_\_\_/\_\_\_/\_\_\_ Performed by: \_\_\_\_\_

**FIXED TISSUE**  
 Date/Time Placed in Fixative: \_\_\_\_\_  
 Type of Fixative\*:  Formalin  Other \_\_\_\_\_  
 Indicate body site(s) [for example, "right lung"]:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\*Samples should be submitted in 10% Neutral Buffered Formaldehyde/Formalin.

**If sending non-fixed specimens ONLY & histopathological evaluation is not desired, use the GENERAL SUBMISSION FORM. Use of the NECROPSY SUBMISSION FORM indicates that a Pathologist must review the case and report on the results.**

**FRESH TISSUE**

Body Site:	Desired Tests:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

- Swab (indicate body sites, i.e., "left lung swab"): \_\_\_\_\_
- Serum/Whole Blood--Indicate test desired: \_\_\_\_\_
- Urine--Indicate test desired: \_\_\_\_\_
- Feces--Indicate test desired (Parasitology only available on in house necropsy) \_\_\_\_\_
- Ocular Fluid--Indicate test desired: \_\_\_\_\_

Gross Description of Necropsy Findings (including locations, size, coloring, and consistency):

UT Martin:  yes  no