

**FORENSIC NECROPSY REQUEST FORM**

Date of submission: \_\_\_\_\_

Agency/Facility: \_\_\_\_\_

Background:

Officer submitting animal for necropsy \_\_\_\_\_ ID# \_\_\_\_\_

email: \_\_\_\_\_

Reason for examination/necropsy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Vaccination and/or Veterinary treatment:

\_\_\_\_\_  
\_\_\_\_\_

Has animal bitten a person within the last 14 days? YES or NO (circle one)

Date of Death: \_\_\_\_\_ Euthanized? YES or NO (circle one)

Animal Description:

Animal ID #: \_\_\_\_\_ Case # \_\_\_\_\_

Breed/Species: \_\_\_\_\_ Color(s): \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_\_\_

Tail length: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Weight: \_\_\_\_\_ Other: \_\_\_\_\_

Animal's name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

**MATERIALS** (PLEASE ATTACH COPIES OF THE MEDICAL RECORD, AND REPORTS OF LAB TESTS, ETC)