

# ANMLS:

ANIMAL NECROPSY & MOBILE LABORATORY SERVICES

## NECROPSY REQUEST FORM

DATE: \_\_\_\_\_

SUBMITTED BY (circle one):

Pet owner  
Veterinarian  
Other \_\_\_\_\_

ANIMAL INFO:

Name/ID: \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Sex: (Intact Male) (Castrated Male)  
(Intact Female) (Spayed Female)

Age: \_\_\_\_\_

Color \_\_\_\_\_

Weight: \_\_\_\_\_

PRACTICE/FACILITY:

Veterinarian: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

email \_\_\_\_\_

Date of Death: \_\_\_\_\_  
(MM /DD / YY)

PET OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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

Euthanized? Yes / No  
method: \_\_\_\_\_

Is Pet Vaccinated for Rabies?  
Yes / No

Has Pet bitten anyone in past 14 days?  
Yes / No

MATERIALS FORWARDED (ATTACH COPIES OF THE  
MEDICAL RECORD, REPORTS OF RADIOGRAPHS, LAB TESTS, ETC)

MEDICAL HISTORY (recent symptoms, duration, treatments,  
reason for euthanasia/necropsy):