

BILL TO:
 rDVM CLINIC
 OWNER



245 Duck Pond Drive
 Blacksburg, VA 24061
 Necropsy Phone: 540.231.4619
 Lab Central Receiving Phone: 540.231.4320
 Fax: 540.231.2657
 www.vetmed.vt.edu/labservices/
 vitalsnecropsy@vt.edu

LAB USE ONLY	
PATHOLOGY CASE #	
Patient Code	
PATHOLOGIST	
Date Received	
Received From	<input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Messenger (Specify) Specify: <input type="checkbox"/> US Postal Service <input type="checkbox"/> Courier (Specify)

REFERRING VETERINARIAN INFORMATION
Veterinarian:
Clinic Name:
Address:
City/State/Zip:
Phone:
Email:
Fax:
Preferred Result Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Fax

OWNER INFORMATION
Name:
Address:
City/State/Zip:
Phone:
Email:
PLEASE NOTE: PAYMENT MUST BE RECEIVED IN FULL PRIOR TO CREMATION SERVICES BEING PERFORMED. CONTACT VITALS/VTH BUSINESS OFFICE AT (540)231-6027

ANIMAL INFORMATION
Name/ID:
Species:
Breed:
Sex:
Age:
Color:
Weight:

DISPOSITION OF REMAINS
<input type="checkbox"/> Internal Disposal Procedures (Communal Cremation-no ashes returned to owner) No additional cost to owner.
<input type="checkbox"/> Private Cremation (Performed by off-site crematory) Additional fees apply. <input type="checkbox"/> <40 lbs <input type="checkbox"/> 41-75 lbs <input type="checkbox"/> 76-100 lbs <input type="checkbox"/> 101-150 lbs <input type="checkbox"/> >150 lbs <input type="checkbox"/> Head, Heart, and Hooves (HORSES ONLY)

NECROPSY SERVICE POST-MORTEM SUBMISSION FORM

DATE OF DEATH	
<input type="checkbox"/> Previously Frozen	MANNER OF DEATH
<input type="checkbox"/> Legal Case	<input type="checkbox"/> Euthanized Method and Site:
<input type="checkbox"/> Insurance Case	<input type="checkbox"/> Unknown/Spontaneous
PROCEDURE REQUESTED	
<input type="checkbox"/> Complete Postmortem Exam - ENTIRE BODY EVALUATION.	
<input type="checkbox"/> Partial Postmortem Exam - VENTRAL MIDLINE INCISION, MINIMALLY INVASIVE. MAY RESULT IN INADEQUATE DIAGNOSIS. (NO PRICE DIFFERENCE)	
HISTORY	
Include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous submission(s). Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis. Samples collected during a necropsy become property of the section of anatomic pathology.	
Differential Diagnosis(es):	