



MIDWESTERN UNIVERSITY

DIAGNOSTIC PATHOLOGY CENTER

5725 West Utopia Road

Glendale, AZ 85308

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www.mwuanimalhealth.com

Necropsy Submission Form

VETERINARIAN / AGENCY					
rDVM First Name		rDVM Last Name		rDVM Professional Suffix(s)	
Clinic / Agency Name					
Address				Phone	
City		State	Zip	Fax	
Clinic / Agency Email			rDVM Email		
OWNER					
First			Last		
Address				Phone	
City		State	Zip	Email	
ANIMAL					
Name		Animal ID / Stud Book #		Microchip #	
Date of Birth / Age		<input type="checkbox"/> M <input type="checkbox"/> NM / <input type="checkbox"/> F <input type="checkbox"/> SF / <input type="checkbox"/> Unk		Weight <input type="checkbox"/> LBS <input type="checkbox"/> KG	
Species		Breed		Color/Markings	
By submitting this form, you understand and confirm:				BODY DISPOSITION	
<ul style="list-style-type: none"> That you are a licensed veterinarian or authorized submitter. Forgery or misrepresenting yourself as a veterinarian is a crime. The submitting veterinary clinic or veterinarian is responsible for all costs associated with this submission. We will not invoice or accept payment from an owner directly. The report will only be provided to the submitting veterinarian and never to an owner directly. You, the submitting veterinarian, are responsible for communicating and explaining the result to the animal owner. We are more than happy to discuss the report with you but please do not direct the owner to contact us. All information provided is accurate and true to the best of your knowledge. The sample or animal submitted can be used for teaching purposes, and tissues may be retained at the discretion of the pathologist. <p>Findings that are consistent with a reportable diseased or abuse will be reported to the proper authorities (e.g. State Veterinarian, local legal authorities, etc.).</p>				<input type="checkbox"/> Group Cremation Ashes will NOT be returned. <input type="checkbox"/> Private Cremation Ashes will be returned to submitting clinic or agency. <input type="checkbox"/> General Disposal	
CONSENT					
Submitting Veterinarian Signature		Submitting Veterinarian Printed Name		Date	
X _____		_____		_____	

CLINICAL HISTORY

- Clinical History written here will be on the official final report.
- Please write concise summary of clinical history and events, not "See medical records."
- Copy of medical records, labs, radiology, and scene photos are encouraged to be included with submissions.

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Date/Time of Death <u>OR</u> Last Time Known Alive	Euthanized? <input type="checkbox"/> No <input type="checkbox"/> Yes, method: _____
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Travel Outside USA? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Rabies vaccinations are up to date.	<input type="checkbox"/> This animal has not bitten anyone to the best of my knowledge.
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Special Requests / Specific Questions

LEGAL INVESTIGATION		LAB USE ONLY	
Investigating Police Department		Accepted By	Date/Time
Case No.		Signature	
Officer/Detective			
Email		From	Date/Time
Phone		Signature	

Scan QR code with your smartphone camera for directions to the Diagnostic Pathology Center

