



MIDWESTERN UNIVERSITY

DIAGNOSTIC PATHOLOGY CENTER

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 GLENDALE, AZ 85308
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 E: vetpath@midwestern.edu
 www.mwuanimalhealth.com

Necropsy Submission Form

VETERINARIAN / AGENCY			
First	Last		Professional Suffix
Clinic / Agency			
Address			Phone
City	State	Zip	Fax
Clinic / Agency Email		Veterinarian Email	
OWNER			
First	Last		
Address			Phone
City	State	Zip	Email
ANIMAL			
Name	Animal ID / Stud Book #		Microchip #
Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> NM / <input type="checkbox"/> F <input type="checkbox"/> SF		Weight
Species	Breed	Color/Markings	
BODY DISPOSITION		<ul style="list-style-type: none"> • Reports are generally issued within 10 business days; however, if specialized testing is required this may take longer. • Submitting veterinarian/agency is responsible for cost of services provided and will be invoiced. • It is the responsibility of the submitting veterinarian to deliver results to the animal owners. • ONLY the Veterinarian/Agency will be sent the final report. 	
<input type="checkbox"/> Group Cremation Ashes NOT returned. <input type="checkbox"/> Private Cremation Ashes returned to referring veterinarian. <input type="checkbox"/> General Body Disposal			
CONSENT			
I confirm that the owner/agent has given consent for their animal to undergo a full postmortem exam (necropsy).			
I confirm that the owner/agent has given consent for the animal or tissues to be made available for research and educational purposes.			
I understand the submitting veterinarian/agency is responsible for all fees associated with this submission.			
Signature	Printed Name	Date	
X _____	_____	_____	

CLINICAL HISTORY

****Copies of relevant medical records, labs, radiology, and scene photos are encouraged to be included with submissions.**

Date/Time of Death	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"/> Vaccinations, including rabies 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	CHAIN OF CUSTODY	
Investigating Police Department	Accepted By	Date/Time
Case No.	Signature	
Officer/Detective		
Email	From	Date/Time
Phone	Signature	