



SUBMISSION FORM – NON SUBSIDIZED NECROPSY

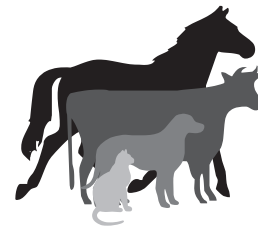
Necropsy office - CDEVQ

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LAB USE ONLY

INFORMATIONS GÉNÉRALES

Reception date: _____ Number of subjects submitted: _____

Date of necropsy: _____ Assign pathologist/resident: _____

PATIENT/OWNER IDENTIFICATION

Owner's ID: _____

Address: _____

Phone: _____

Email: _____

Animal ID: _____

Reference number: _____

Species: _____ Breed: _____

Age: _____ Sex: F F/S M M/N

CLINICAL INFORMATION

Death: Natural Euthanized

Date of death: _____

Conditions upon reception: Living Recently dead Frozen

Insurance claim: Yes No

English writing report (\$): Yes No

Veterinarian: _____

Clinic: _____

ADDITIONAL INFORMATION

Anamnesis: _____

Treatments: _____

Clinical diagnostic: _____

Private cremation (not included) Group cremation (included)

When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, I thereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the DS for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

OWNER

Signature: _____ Date: _____

VETERINARIAN

Signature: _____ Date: _____