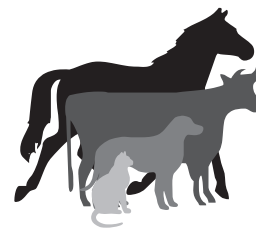


SUBMISSION FORM - FORENSIC NECROPSY

Necropsy office-CDEVQ

3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
Phone: (450) 778-8122 // Fax: (450) 778-8116
pathologie-sd@medvet.umontreal.ca
www.servicedediagnostic.com



LAB USE ONLY

GENERAL INFORMATION (THIS FORM IS AVAILABLE ONLINE AT WWW.SERVICEDIAGNOSTIC.COM)

Reception date: _____ Number of subjects submitted: _____ Assigned pathologist: _____
Necropsy date: _____ Assigned resident: _____

OWNER/ANIMAL IDENTIFICATION

Name of the referring veterinarian: _____
Clinic: _____
Phone: _____
Owner's name: _____
Animal's name: _____
Species: _____ Breed: _____
DOB/Age: _____ Sex: F F/S M M/N
Color: _____ Microchip/Tattoo #: _____
Special markings: _____

REQUESTOR INFORMATION

Investigating Agency/Requester: _____
Name of investigating officer(s): _____
Agency case number (if applicable): _____
Agency address: _____
Zip code: _____
Phone: _____
Email: _____

ADDITIONAL INFORMATION

Date and time of death: _____
Date and time found dead: _____
Location of death: _____
Describe the place and position in which the animal was found dead: _____

Found dead by (name, address, phone number): _____

Witnesses to death (name, address, phone number): _____

Date and time last known alive: _____
Location last known alive: _____
Last seen alive by (name, address, phone number): _____

How was the animal identified: _____

Euthanasia:
 No Yes (agent, route): _____

Possible cause of death:
 Spontaneous Unknown Other: _____
Zoonotic disease suspected (transmissible from animals to humans; example: rabies):
 No Yes, which one: _____

Other animals on site: None Yes
If yes, species present: _____
Approximate number: _____
Seen by a veterinarian before death (name of the vet): _____

Care administered before death (ex: refeeding, treatments, drugs given):
 Unknown No Yes, specify: _____

Temperature of maintenance: Cooled Frozen
Presence of weapons or tools: _____

Describe visible injuries on the body: _____

