



Avian Necropsy Submission Form

Veterinary		Farm Name:	
Veterinarian:		Owner:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Telephone No.:		Telephone No.:	
Fax No.:		Email/alternative No.:	
Email:		Fax No.:	
Alternative No.:		Name of Guardian, if owner under 18	

Send Report to: Owner Veterinary Clinic Both

Send Bill to: Owner Vet

All reports are sent via email

****Check Junk Folder****

Additional Reporting Method/Party(s): _____

No.	Identification/Band Number	Breed	Sex	Age	Color	Specimen (please check below)	Date of Death
1						<input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____	
2						<input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____	
3						<input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____	
4						<input type="checkbox"/> Live <input type="checkbox"/> Dead — Fresh <input type="checkbox"/> Dead — Frozen <input type="checkbox"/> Natural <input type="checkbox"/> Euthanized/Method _____	

Farm/Flock Information:

Flock Address: (if different from above):

Total Avian Population:	Number in this flock:	Other Avian Species:
Flock Purpose: <input type="checkbox"/> Backyard Flock <input type="checkbox"/> Live Bird Market Flock <input type="checkbox"/> Live Bird Market Retail Location <input type="checkbox"/> Other, Explain:		
Feed:	Free Range: Yes / No	Bought at age: _____ From: _____

History and Clinical Summary: **Any contact with Wild Waterfowl?** Yes No

Disposition of Remains:	<input type="checkbox"/> Communal Cremation (included in necropsy fee) <input type="checkbox"/> Private cremation— crematorium choice _____ (additional cost)
Vaccination History:	<input type="checkbox"/> Current/UTD <input type="checkbox"/> Not Current/Expired <input type="checkbox"/> Not Vaccinated <input type="checkbox"/> Unknown
Specific Concerns: (Additional Fees May Apply)	<input type="checkbox"/> None <input type="checkbox"/> Mareks (<input type="checkbox"/> PCR test immediately) <input type="checkbox"/> Toxicology (<input type="checkbox"/> send immediately) <input type="checkbox"/> Other: _____

Specimens and samples submitted to the CVMDL for investigation* become the property of the CVMDL. Samples and specimens may be tested as part of State/Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be used in the teaching of students, in professional publications, or in the development of new assays.

*Excludes tissues or clinical samples submitted by PIs as part of their research.

Office Use	Pathologist in charge:
Received Date/Time/Staff Initials:	Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian
Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Courier, Specify _____ <input type="checkbox"/> wi