UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

61 North Eagleville Road, Unit 3089, Storrs, CT 06269 **Website: cvmdl.uconn.edu**

Telephone: 860-486-3738 **email: CVMDL.office@uconn.edu**

Sheep/Goat Necropsy Submission Form

Veterinary		**Farm Name:**	
Veterinarian:		**Owner Name:**	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Telephone No.:		Telephone No.:	
Email/Alternative		Email/Alternative	
Fax No.:		Fax No.:	

Send Report to: [ ] Owner [ ] Veterinary Clinic [ ] Both

Send Bill to: [ ] Owner [ ] Vet

All reports are sent via email. **Additional Reporting Method/Party(s):** _____

Animal Identification/Name/Ear Tag(s)	Species	Breed	Sex	Age	Face Color (sheep)	Weight

Scrapie Tag (Office use only)	

Dairy ☐
Fiber ☐
Meat ☐
Pet ☐

Circle one: Purchased [OR] Born on farm

Number of animals in flock: _____

Primary breed: _____

Other animals on farm: _____

Address/location of animal(s): ☐ Same as billing address above

_____

History and Clinical Summary:

Disposition of Remains:	[ ] Communal Cremation (included in necropsy fee) [ ] Private cremation - crematorium choice:_____(additional cost)
Vaccination History:	
Clinical Diagnosis:	
Previous Accession #:	

Specimen Information: ☐ Dead Animal (fresh) ☐ Dead Animal (frozen) ☐ Dead Animal (fixed) ☐ Fresh Tissue ☐ Fixed Tissue ☐ Other _____

Death	Date & Time of Death
Natural ☐ Euthanized ☐ – Method _____	

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.

Pathologist in charge:

Office Use

Received Date/Time/Staff Initials: Submitted by: [ ]Owner [ ]Veterinarian

Payment received: $_____[ ] CC [ ] Check (#_____) [ ]Courier, Specify_____[ ] wi