

Easter Bush Pathology

# INTERNAL NECROPSY Request Form

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| **Main Clinician/s** |  | **Date** |  |
| **Animal’s name** + I.D. number, if available |  | **Owner’s name** |  |
| **Species** |  | **Breed** |  | **Sex** |  | **D.O.B.** |  |
| **Method of euthanasia** (if applicable) |  |
| **Teaching Necropsy** (Gross only) |  | **Teaching Necropsy w/ Limited Histology** (Gross + up to 6 slides) |  | **Client Request Necropsy** (Gross + up to 8 slides)  |  |
| **Clinical history** (primary complaint, duration of illness, additional findings/ancillary test results, etc.) |  |
| **Drugs given** |  |
| **Clinical diagnosis** (list of differentials) | Laboratory notes (for lab use only) |
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