



For internal use only

Accession Number: N-..... Date received: Pathologist:

Consent form for POST-MORTEM examination and disposal

Submitting Veterinary Practice:

Clinician:

Clinic: Address:

Phone: Email:

Report will be emailed to:

Owner's details:

Owner's name:

Animal's name / ID: Passport/microchip:

Reference No (if any):

Travel outside the UK? Yes ☐ No ☐

(If yes) Date and place travelled to:

Chemotherapeutic treatment? Yes ☐ No ☐

(If yes) Drug, Date of last treatment:

DETAILS OF SUBMISSION

Species: Breed:

Colour/markings:

Sex: Male ☐ Female ☐ Neutered ☐ Age: Weight (kg):

Date of death: Euthanasia: Yes ☐ No ☐ **(If yes)** Method:

CLINICAL HISTORY (Please include duration of the clinical signs, relevant haematology and biochemistry, imaging (x-ray, CT,...), therapy -type and duration-, special concerns):

*Carcases will be incinerated; carcasses can be released to a pet cremation service by prior arrangement with the referring Veterinary Practice. Arrangements must be clearly indicated below.

Individual cremation requested Yes ☐ No ☐

If yes, please state your usual cremation service provider for us to arrange collection:

I confirm that the animal does not have or is not suspected of having a notifiable disease, and that the owner/ agent has given consent for the post mortem examination and disposal of the above animal. The owner/ agent are aware that, as part of this procedure, material may be used for educational and research purposes.

Signature of submitting Vet:

Date:

NECROPSIES WILL NOT BE PERFORMED WITHOUT THE SIGNATURE OF THE REFERRING VETERINARIAN

Included with the post-mortem fee examination are macroscopic and histologic examination and routine special histochemical stains. **Additional testing (e.g. immunohistochemistry, toxicological tests, microbiology testing, PCR, etc. among other molecular tests) may be available at external laboratories and **will incur an additional cost.**

CLINICAL HISTORY CONTINUED: