



For internal use only

Pathologist:.....

Submission Number: UoN - Date Received:..... Date of PM:.....

RSPCA/Police Consent form for post mortem examination and disposal

Submitting Veterinary Practice or RSPCA/Police Branch/Area:

Name:

Address:

Phone:

Clinician/Inspector:

Report to be sent by: Email Fax

Fax/Email:

RSPCA/Police Details:

Inspector:

Inspector ID#:.....

Contact Telephone:.....

Incident Number:.....

Animal's name/ID:

DETAILS OF SUBMISSION

Species:

Breed:

Colour/markings:

Sex: Age:..... Weight:

Date of Death: Euthanized? Y N

Travel outside the UK? No Yes

If Yes:

Date:

Country:.....

Passport/microchip:

HISTORY/CLINICAL FEATURES

Main presenting sign/condition:

I hereby give consent for the post mortem examination and disposal of the above animal. I am aware that as part of this procedure, tissues may be stored for potential educational and research purposes.

Incineration by University Pathology Service

Hold carcase for collection by RSPCA/Police

Please provide contact name and number for collection:.....

X-ray Requested Undertaken via RSPCA Declined Not required

Signature of submitting Vet/ RSPCA/Police Inspector:

Date: