



MDH use

 Companion animal - Necropsy Submission Form

**Veterinarian**

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Owner/Producer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For office  
use only

<p><b>Billing</b></p> <p><input type="checkbox"/> Veterinarian Authorized by: _____ Ph _____</p> <p><input type="checkbox"/> Owner/producer - Payment is required at drop-off (prior to services being rendered)</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Reporting</b></p> <p>Veterinarian (results will be emailed unless otherwise noted)</p> <p><input type="checkbox"/> Owner/producer</p> <p><input type="checkbox"/> Other _____</p>
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Specimen delivered by:  Date

**Patient Information**

Animal Name/ID: \_\_\_\_\_ Ident/Color: \_\_\_\_\_

Case/Reference #: \_\_\_\_\_ Body Weight: \_\_\_\_\_

Species: \_\_\_\_\_ Outdoor access:  Yes  No

Breed: \_\_\_\_\_ Rabies vaccination:  Yes  No

Sex:  Intact male  Intact female  Unknown  
 Neutered male  Spayed female

Age: \_\_\_\_\_  Day  Wk  Mo  Yr

**What is the major question(s) you want answered by this necropsy?** Please see the next page to provide pertinent medical history and test requests (e.g., rabies testing, spinal cord removal).

**Cremation Request**

MASS: No ashes returned

INDIVIDUAL: Remains released to crematory; return of ashes arranged with crematory by Owner or Veterinarian

VHA

Midwest

Pets Remembered

Other: \_\_\_\_\_

Animals ≥ 300 lb (136 kg)

Head, heart, hooves only

Whole body cremation\*

\*Handling fee applies

Remains cannot be returned after necropsy. Ashes may be returned if specified. Cosmetic necropsies are not performed. Please see the *Permission for Euthanasia, Necropsy, and Disposal of Remains* Form (page 3).

**Note:** The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

(Please continue on next page)

## Narrative History

Provide a concise summary of the lesion-specific clinical history, including: clinical signs potentially associated with the cause of disease/death, results of diagnostic tests, treatment history, and working clinical diagnosis or differential diagnoses. Is there risk of zoonotic disease? Provide a brief summary of prior diseases, surgeries, and vaccination status. Are there other animals in the household/herd? Are other animals sick or have died?

## Laboratory Procedures Requested

- Necropsy/General Exam of Tissue.** Postmortem examination involves a careful process of dissection, observation, interpretation, and documentation. Tissue dissection is tailored to the diagnostic needs of the case, and generally includes examination of the limbs, internal organs, and brain (as needed). Supplemental diagnostic tests offered through the VDL will be performed at the discretion of the pathologist, and may include histopathology, immunohistochemistry, bacteriology, parasitology, and virology. The general necropsy fee does NOT include spinal cord removal or antibiotic susceptibility (see below).
- Rabies Testing.** Please also use the *Minnesota Department of Health Rabies Form*.

## ADDITIONAL FEES APPLY TO ALL TEST REQUESTS NOT INCLUDED IN A GENERAL NECROPSY – SEE BELOW:

Please call or visit the website for the current fee schedule and listing of all available tests.

- Special Procedures.** Additional fees apply to procedures requiring extensive dissection and/or prolonged use of power-tools, such as removal of the spinal cord, spinal column isolation, and ventral brain removal.

Procedure(s) and reason for request: \_\_\_\_\_

- Additional Diagnostic Tests.** Additional fees apply to ancillary tests not included in a general necropsy. These include antibiotic susceptibility testing and ALL out-sourced tests (e.g., toxicology, tissue mineral analysis, PCR panels, PARR, etc.).

Test(s) and reason for request: \_\_\_\_\_

- Other:** \_\_\_\_\_

**Note:** The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

(Please continue on next page)



## PERMISSION FOR EUTHANASIA, NECROPSY AND DISPOSAL OF REMAINS

Owner/Agent (print name): \_\_\_\_\_

Animal ID/Name/Species: \_\_\_\_\_

Submitting Vet/Clinic/Investigator: \_\_\_\_\_

The decision to proceed with euthanasia, necropsy or cremation is an important one. Please be aware that ashes can be returned by the cremation service that you select, but remains or other materials from or with the animal (e.g. collar, ID tags, hair from animal, etc.) cannot be returned once received by the VDL. We do not provide clay paw prints, nor can we allow anyone to make them after the animal is in Necropsy due to our biosafety and biosecurity policies.

As owner or agent of the animal(s) present for this case, I authorize the Veterinary Diagnostic Laboratory (VDL) staff to proceed as follows:

1. \_\_\_\_\_ **Euthanasia:** I authorize the VDL to euthanize/kill the animal(s) using humane, approved procedures.  
**(for SDI/Research only) DATE OF SCHEDULED EUTHANASIA:** \_\_\_\_\_

2. **Necropsy** (autopsy):

- a. \_\_\_\_\_ I authorize the VDL to complete a necropsy and to allow the examination to be used for teaching, scientific study, and diagnostic purposes within the College of Veterinary Medicine.  
b. \_\_\_\_\_ I decline the option of necropsy.

3. **Disposition of animal remains:**

- a. \_\_\_\_\_ I authorize the VDL to dispose of the remains using **MASS** cremation. I understand the remains/ashes cannot be returned to me.  
b. \_\_\_\_\_ I assume responsibility for selecting and arranging **INDIVIDUAL** cremation of the remains of the animal(s). I understand that the cremation service will return the ashes to my vet clinic or to me according to the agreement I make with them. I understand that I have **5 business days** to provide the VDL with the information needed to submit the animal for individual cremation to the outside provider of my choice or it will be mass cremated.  
c. \_\_\_\_\_ I understand that if I do not make a cremation decision today, the VDL will hold **small animal** remains (dog, cat and other small species) for **5 business days**. Large companion animal remains **will not be held** unless specific **arrangements** are made with VDL personnel. **If I do not provide specific instructions**, the animal remains will be disposed of using MASS cremation (ashes will not be returned to the owner/agent).

4. **Rabies Testing:**

- a. \_\_\_\_\_ This **is NOT** a rabies examination. I certify that to the best of my knowledge, the above animal(s) has/have NOT bitten a person or another animal in the past 10 days and the animal(s) has/have NOT been exposed to rabies.  
b. \_\_\_\_\_ This **is a rabies** examination. I understand that if the animal is confirmed positive for rabies by Minnesota Department of Health, **INDIVIDUAL** cremation will NOT be allowed due to risk of exposure. If the rabies status cannot be determined by testing due to an unsatisfactory sample, release of remains for individual cremation will be decided on a case by case basis.

5. **Fees:** The costs of euthanasia (if applicable) and necropsy have been explained to me. I will make payment in full at drop off.

**OWNER/AGENT:** Signature \_\_\_\_\_

Date \_\_\_\_\_

**ATTENDING STAFF:** Print name \_\_\_\_\_

Date \_\_\_\_\_

Place Label Here	Date: _____	Pathologist: _____	Case Number: _____
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