



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 suspected of having a notifiable disease, and that the owner has given consent for the post mortem examination and *disposal of the above animal and we are aware that, as part of this procedure, material may be used for educational and/or 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.**

