UF UNIVERSITY of FLORIDA
Veterinary Diagnostic Laboratories

Forensic Necropsy Request Form

2015 SW 16th Ave. Room VS-50 Gainesville, FL 32608
P: 352-294-4726 F: 352-392-2938
diagnosticlabs@vetmed.ufl.edu http://labs.vetmed.ufl.edu

Patient MR# (UF use only):	rDVM Clinic, Patient Medical Record#:		Case# (UF use only):	
Owner's Name:			Submitter's Full Name (to contact for add'l information):	
Address			Agency:	
City, State, Zip Code:			Agency Phone#:	Agency Fax#:
Owner's Phone:			Address:	
Patient's Name:			City, State, Zip Code	
Species:	Breed		Email Address (**For Lab Results**):	
Sex: ☐ Male ☐ N. Male ☐ Female ☐ S. Female ☐ Unkn./Other			Email Address (**For Invoicing,** If Different):	
DOB/Age:	Color:	Weight:	Date Collected:	Date Sent:

Has tissue from this animal been submitted to UF Diagnostic Laboratories in past: ☐ Yes ☐ No
If "Yes", what is the Case/Accession#: _____ - _____

General Information

Submission of crime scene photos and/or videos?: ☐ Yes ☐ No Sent by email: ☐ Yes ☐ No Sent by: Fax ☐ Yes ☐ No Other mailing service: ☐ Yes ☐ No (which one): _____	Submission of medical records and/or laboratory data?: ☐ Yes ☐ No Sent by email: ☐ Yes ☐ No Sent by Fax: ☐ Yes ☐ No Other mailing service: ☐ Yes ☐ No (which one):_____
Submission of radiographs?: ☐ Yes ☐ No Sent via email: ☐ Yes ☐ No Fax ☐ Yes ☐ No Other mailing service: ☐ Yes ☐ No (which one): _____	Was animal scanned for microchip?: ☐ Yes ☐ No If found, microchip #:
Death Due to: Natural/Found Dead ☐ Yes ☐ No Date of Death/Found: _____________ By Whom:_____ Add'l Info: Last Date Animal Seen Alive: _______________ Last Time Animal Seen Alive: _____ ☐ AM ☐ PM By Whom: _____ Add'l Info:	Death Due to: Euthanasia ☐ Yes ☐ No Date of Death: _______________ Time of Death: _____ ☐ AM ☐ PM Agent/Method: _____ Route: _____ By Whom: _____ Add'l Info:
After being found, How was body handle/packaged: How was body transported: How was body stored:	Disposition of Remains (Disposed by Lab unless noted otherwise). ☐ Stored by lab Hold for pick up by: ☐ Owner ☐ Representative (Name):_____

Additional Special Request Charges that may apply:
☐ Ancillary Tests (up to $_____ (at pathologists discretion)
☐ Neurologic Exam (Spinal Cord)
☐ Postmortem radiographs
☐ Postmortem CT

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Temperature of the body (rectal), prior to refrigeration or freezing: _____(°F/°C)

Insect activity and whether there was collection of entomology samples in the field: ☐ Yes ☐ No ☐Unknown

If deceased at the scene, what did the animal feel like when found (Check All That Apply):

☐ Warm to touch ☐ Cool to touch ☐ Limp (Flexible) ☐ Rigid (Stiff) ☐ Other:_____

Body condition score: _____ Specify, scale utilized:

Water available: ☐ Yes ☐ No Condition of water: ☐Clean ☐ Partially Clean ☐Dirty ☐ Other (describe):

Food available: ☐ Yes ☐ No

Condition of food: ☐ Fresh ☐ Partially Fresh ☐ Old ☐ Other (describe):

Food bowl condition: ☐ Clean ☐ Partially Clean ☐ Dirty ☐ Other (describe):

Type food: ☐ Commercial Brand ☐ Homemade ☐ Other (describe):

Comments:

Enclosure or Restriction: ☐ In dog house ☐ In Home ☐ Kennel Only ☐ Kennel w/Run ☐ Chained/Tethered ☐ Loose in yard

☐ Other (describe): ___

Permanent type shelter: ☐Yes ☐ No

Number of animals (by species) within enclosure:

Describe:

Cleanliness of Environment: ☐ Excellent ☐ Adequate ☐ Poor

Comments:

Shelter Protection: Adequately protects from sun ☐ Yes ☐ No From rain: ☐ Yes ☐ No

Describe Shelter:

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Animal Medical History

Source of Medical History: ☐ Owner ☐ Veterinarian of Animal ☐ Veterinarian (other) ☐ Other (describe):

Last Visit to Veterinarian: _____________

Name of Veterinarian: _____ Clinic Address:
_____

Clinic Phone: _____ Clinic Email: _____ Veterinarian's Email: _____

Was animal injured prior to death: ☐ Yes ☐ No If Yes, how many hours/days prior: _____

Was animal on any medication: ☐ Yes ☐ No If yes, list all medication:

Vaccination status: ☐ Up to Date ☐ Past Due ☐ Never been vaccinated ☐ Unknown

Dewormed: ☐ Yes ☐ No If yes, list date: _______________ Type of dewormer: _____

Were any of the following noted in the 72 hours prior to animals death:

☐ Fever ☐ Lethargy ☐Decreased appetite ☐ Vomiting ☐Diarrhea ☐ Breathing abnormalities ☐Seizures

☐ Other (describe):

_____

Has the animal at any point had any of the following: ☐ Abnormal weight gain or loss ☐ Breathing difficulties

☐ Cyanosis (blue color) ☐ Heart abnormalities ☐ Metabolic disorders ☐ Seizures ☐ Other (describe):

If Clinical Exam Performed

Pain during palpation: : ☐ Yes ☐ No If yes, describe:

Locomotion: ☐ Normal ☐Limping ☐ Not ambulatory If limping/not ambulatory, describe:

Body secretions: ☐ Yes ☐ No If yes, describe:

Oral Mucosa color: ☐ Cherry red ☐ Dark red ☐ Pink ☐ Pale ☐ White ☐ Yellow ☐ Blue ☐ Other (describe):

Hydration status: ☐ Normal ☐ Dehydrated (_____%) ☐ Other (describe):

Fur/Coat/Hair: ☐ Normal ☐ Matted ☐ Hairless areas (describe) ☐ Other (describe):

Skin irritations: ☐ Itchy ☐ Dry ☐ Other (describe):

Scars: ☐ Yes ☐ No If yes, describe & mark on body diagram below:

Lesions/Injuries: ☐ Yes ☐ No If yes, describe & mark on body diagram below:

Feces normal: ☐ Yes ☐ No If no, describe:

Ectoparasites: ☐ Yes ☐ No If no, describe:

Were advanced diagnostics performed (if yes, include results): ☐ Bloodwork (labs) ☐ Radiographs ☐ Ultrasound

☐ Other (describe):

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Animal's Behavior

Evidence of abnormal behavior: ☐ Yes ☐ No If yes, describe:

Evidence of stereotypical behavior: ☐ Yes ☐ No If yes, describe:

Animal's attitude (alone): ☐ Alert ☐ Apathetic ☐ Quiet ☐ Other (describe):_____

Animal's attitude (w/owner present): ☐ Happy ☐ Aggressive ☐ Unsure ☐ Calm ☐ Anxious ☐ Other (describe):

Animal's attitude to human presence: ☐ Happy ☐ Aggressive ☐ Unsure ☐ Calm ☐ Anxious ☐ Other (describe):

Scene Information

Location of body at time of discovery:

General appearance of incident scene (use diagram below as needed and/or attach clear color pictures):

Animals body position at time of discovery: ☐ On back ☐ On left side ☐ On right side ☐ Sternal ☐ Other (describe):

Was the animal found alive at the scene: ☐ Yes ☐ No ☐ Unknown If yes, describe how animal was behaving: _____

_____

_____

Was resuscitation attempted on animal: ☐ Yes ☐ No ☐ Unknown If yes, describe what was done to resuscitate the animal: _____

_____

_____

Discoloration of the head or oral mucosa: ☐ Yes ☐ No ☐ Unknown If yes, describe:

Discoloration of skin: ☐ Yes ☐ No ☐ Unknown If yes, describe:

Bodily fluids present (froth): ☐ Yes ☐ No ☐ Unknown If yes, describe:

Marks on body: ☐ Yes ☐ No ☐ Abrasions ☐ Lacerations ☐ Punctures ☐ Bruises ☐ Unknown ☐ Other (describe):

If yes, describe:

Number of animals at the scene (by species):

Does preliminary investigation suggest any of the following: ☐ Asphyxia ☐ Environmental hazards (ie: carbon monoxide)
☐ Electrocution ☐ Trauma ☐ Suspicious circumstances ☐ Dietary issues (i.e. no food/water) ☐ Hypothermia/hyperthermia
☐ Natural death

If yes to any of the above, explain here:

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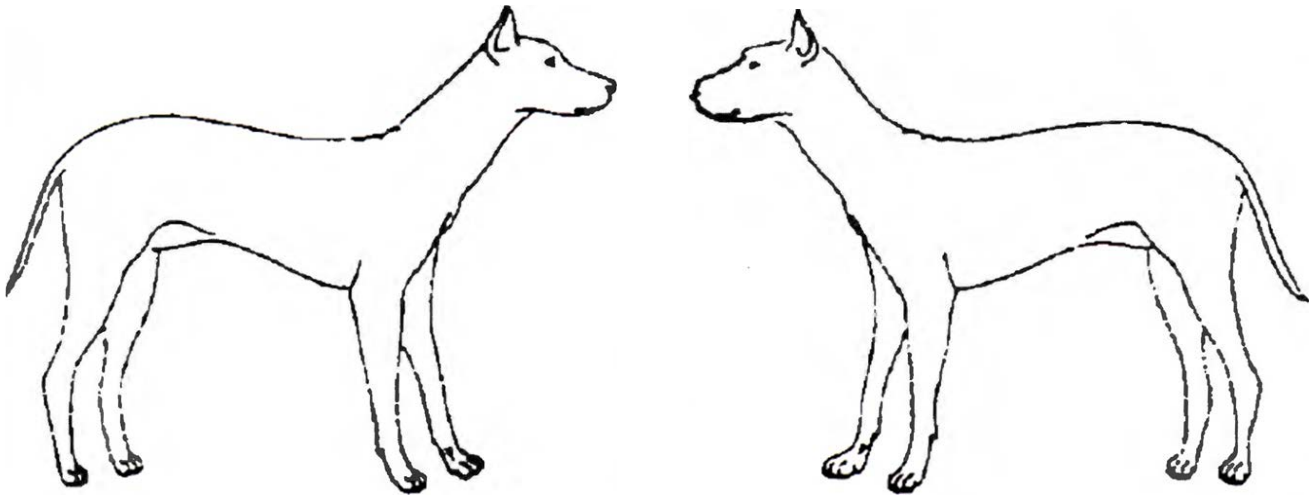
Case Summary:

If applicable, note location of external abnormalities on diagram.



Signature of Submitter	**PRINT Full Name**

UFVH Office Use Only

CHAIN OF CUSTODY DOCUMENTS From Submitter: ☐ Yes ☐ No

Shipping Code: ☐ USHIP ☐ UDROP ☐ UCDEL ☐ LPCRW$ ☐ LPCRWA

Samples Rcvd.(tube type & quantity): _____

☐ Fresh ☐ Ambient ☐ Ice Packs ☐ Dry Ice ☐ Leaking ☐ Broken ☐ Formalin

Initials: _____ Date/Time Stamp: