



Frederick Animal Health Laboratory

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Frederick, MD 21702-8218

(301) 600-1548 (Phone)
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Necropsy Request Form

Payment (Circle One): Credit Card Cash Check (#) Bill Vet Amount \$

DATE and TIME: _____

ACCESSION #: _____

ARE ANIMALS LOCATED IN THE STATE OF MARYLAND (Circle One)? YES NO

Owner: _____

Vet/Agent: _____

Farm Identity: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Email: _____

Email: _____

Phone: (____) _____

Phone: (____) _____ Fax: (____) _____

Fax: (____) _____

Report Distribution: E-Mail Fax USPS No Report

Report Distribution: E-Mail Fax USPS No Report

Provide Necropsy Pictures with report: Yes No

Animal ID: _____ Species: _____ Breed: _____ Age: _____ Sex: _____

Tattoo # (provide anatomical location): _____

Microchip # (provide anatomical location): _____

Location same as Owner: Yes No Provide Address: _____

County Where Animal Located: _____

Origin of Animal: Date Purchased: _____ Sale: _____ State: _____

Reason for Test: Diagnostic Neurological Respiratory Abortion Sudden Death
 Sheep/Goat Disposal Only Other: _____

HISTORY: # Sick Animals: _____ # Dead Animals: _____ Total # Animals on Premise: _____

Time of Death: _____

Recent Diagnostic Testing: Bloodwork ECG Scoping Ultrasound Radiographs Other

Please provide details: _____

Clinical Signs: Behavioral abnormalities Weight loss Increased sensitivity to noise/sudden movement
 Tremors Star gazing Head pressing

Repeated intense rubbing with bare areas or damaged wool in similar locations on both sides of the animal's body or, if on the head, both sides of the poll

Abraded, rough, thickened, or hyper pigmented areas of skin in areas of wool/hair loss in similar locations on both sides of the animal's body or, if on the head, both sides of the poll

Weakness (not including visible traumatic injuries): Stumbling Falling down Difficulty Rising

Bilateral gait abnormalities: Incoordination Ataxia High stepping gait of forelimbs

Swaying of back end Bunny-hop movement of rear legs

Respiratory: Coughing Nasal Discharge Difficulty breathing

Less specific clinical signs: Non-ambulatory Lethargic Decreased appetite Diarrhea Fever

Dead of unknown cause Wool/hair loss without intense rubbing being observed

Signs of wasting (poor body condition)

Medications (List all including supplements): _____

Vaccinations (Include Dates): _____

Diet: Grain (Type & Amount Fed): _____

Hay (Type & Amount Fed): _____

Other Supplements: Amount: _____ Type: _____

