



Applied Pathology Autopsy Request Form

1925 Coffey Rd, Columbus, OH 43210
Phone: 614-247-4795 Fax: 614-292-6473 Email: OSUAppPath@cvm.osu.edu
website: vet.osu.edu/biosciences/applied-pathology

Owner (Last, First): _____	Veterinarian: _____
Address: _____	Clinic/Hospital: _____
City: _____ State: _____ Zip: _____	Address: _____
Phone: _____	City: _____ State: _____ Zip: _____
Owner Signature: _____	Phone: _____
Date: _____	Email (to send results): _____

For privacy and legal purposes, autopsy results will only be provided to the owner and/or the veterinarian listed on this form.
Preliminary report available within 48 hours, final report in 3-4 weeks.

Animal name/ID#: _____ Birth date: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Female Male/Castrated Female/Spayed Unknown

Date of death: _____ Time of death: _____

Manner of death: Died Euthanized Agent: _____ Route: _____

I authorize a complete autopsy to be performed (owner not permitted to take body after autopsy).

Has the animal bitten anyone in the past 10 days: Yes No Rabies suspect

I authorize the use of samples from my animal to enhance instruction and/or research.

Clinical history (including PE/lab/biopsy/radiographic abnormalities): _____

Which details do you hope will be illustrated or clarified by the postmortem examination? _____

- Animal aftercare: Companion Animal communal cremation or Equine/Farm Animal disposition (remains not returned to owner, payment to Ohio State).
 Companion Animal partitioned cremation (several pets cremated at the same time, separated/partitioned by bricks; ashes returned to owner; payment directly to cremation provider).
 Companion Animal Private cremation (one pet cremated at a time, ashes returned to owner, payment directly to cremation provider).

I have received a copy of the companion animal Autopsy & Aftercare Fact Sheet: Yes No Not Applicable

(DVM Signature) (Date)