Applied Pathology Autopsy Request Form

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) __________

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