



Accession Number
(For Lab Use Only)

Louisiana Animal Disease Diagnostic Laboratory Address: LSU, River Road, Room 1043 Baton Rouge, LA 70803

NECROPSY SUBMISSION FORM

Clinic Information

Owner Information

LADDL Account #: _____
 Veterinarian: _____
 Clinic: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____
 Email: _____
 Submitter: _____

Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____
 Email: _____

For additional reporting, please include recipient email here:

BILLING

Veterinarian Clinic Owner (Prepayment Required)

REPORTING

Veterinarian Clinic Owner

REPORTING METHOD

Email Fax

ANIMAL INFORMATION (Sex = M, F, MC, FS)

NO.	NAME/IDENTIFIER	ANIMAL LOCATION ZIP	SPECIES/BREED	SEX	AGE	WEIGHT	PRIOR DL# (if applicable)
1							
2							
3							

HISTORY (Please include clinical signs, vaccinations, treatments, nutrition, duration, previous submissions for animal(s) above.)

No. of animals in this submission: _____ No. of dead animals: _____ Date of death: _____ Euthanized: Yes _____ No _____

SERVICES REQUESTED (select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Necropsy | <input type="checkbox"/> Forensic Necropsy | <input type="checkbox"/> Clay Paw Print |
| <input type="checkbox"/> Private Cremation | <input type="checkbox"/> Insurance Necropsy | <input type="checkbox"/> Ink Paw Print |
| <input type="checkbox"/> 3H Equine Cremation | <input type="checkbox"/> Hair | <input type="checkbox"/> Ink Nose Print |
- Representative Cremation
- Rabies Test ** Has the animal bitten someone in the last days? Yes No
- Companion Animal Communal Cremation Gold Service *
- Companion Animal Communal Cremation Silver Service *
- Communal Cremation Large Animal *

LADDL USE ONLY

Ash Return: Mail Out Owner Pick Up

Notes/Special Request: _____

Cremated By (Initial/Date): _____

Remains Shipped By (Initial/Date): _____

Remains Picked up by: (Signature/Date): _____

*Remains cannot be returned after Necropsy.
 *No cremains are returned for Communal Services.
 *Communal Gold Service includes lock of hair and **INK** paw print.
 *Private cremation includes a standard urn and **CLAY** Paw Print.

LADDL USE ONLY

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> FedEx | <input type="checkbox"/> USPS | <input type="checkbox"/> UPS |
| <input type="checkbox"/> Drop Off | <input type="checkbox"/> BR/LAF Courier | <input type="checkbox"/> NOLA Courier |

Pathologist: _____ Accessioned By: _____
 Resident: _____

All samples and specimens submitted for testing become the property of the Louisiana Animal Disease Diagnostic Laboratory and WILL NOT leave the laboratory unless specific arrangements are made and approved by LADDL management. Privileged information regarding patients and clients will not be released without the owner's consent, unless required by law.