

2407 RIVER DRIVE
ROOM A201
KNOXVILLE, TN 37996-4
PHONE: (865) 974-5673
FAX: (865) 974-5616

**UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE
DEPARTMENT OF PATHOBIOLOGY**

| |
|---------------------|
| LAB USE ONLY |
| PATH # |
| DATE |

REFERRAL NECROPSY REQUEST - CATTLE

Please check here if additional request forms are needed

Please Provide ALL Information
FINAL REPORT WILL BE SENT TO REFERRING VET!

| |
|--------------------------------|
| REFERRING VETERINARIAN: |
| CLINIC NAME: |
| ADDRESS: |
| PHONE: |
| FAX: |
| E-MAIL: |

ANIMAL NAME: _____

SPECIES: _____ BREED: _____

AGE: _____ SEX: _____

OWNER'S NAME: _____

ADDRESS _____

DEATH: Date: _____ Time: _____ AM/PM DIED EUTHANIZED METHOD

LIVESTOCK: # Died _____ # Sick _____ # On Farm

Referring Vet: Please list all Relevant History, Clinical Signs, Treatment & Laboratory Findings:

Previous submission for current problem: YES NO Previous UT Accession No. _____ Date:

****Has this animal been exposed to rabies or bitten anyone or been exposed to any other zoonotic disease(s) in the last 10 days?**
YES NO If yes please list:

Clinical Diagnosis and Comments:

Signature of Referring Veterinarian
Note: Because of Public & Herd Health Concerns, Remains Will Not be Returned