

2407 RIVER DRIVE
ROOM A201
KNOXVILLE, TN 37996-4
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**UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE
DEPARTMENT OF PATHOBIOLOGY
REFERRAL NECROPSY REQUEST - CATTLE-SHEEP-GOAT**

LAB USE ONLY
PATH #
DATE

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