

Necropsy request

Date:

Sender:

IZW necropsy no.:

Date:

Do not fill in !!!

Animal species:

ID no.:

Name:

Gender:

Age:

Date of birth:

Time of death date/hour:

Euthanized date/hour: with:

Clinical anamnesis:

Clinical (suspected) diagnose:

Important lab results / investigations:

Treatment: (Antibiotics: yes / no)

Further animals: yes / no also diseased: yes / no
Animal kept: out doors / indoors / both

Further investigations requested (please tick box):

Bacteriology

Mycology

Virology in external lab (after telephone consultation)

Signature