

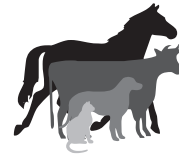


SUBMISSION FORM – **NON SUBSIDIZED NECROPSY**

Necropsy office - CDEVQ

3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
Phone : 450 778-8122 // Fax: 450 778-8116

pathologie-cdvum@umontreal.ca
www.cdvum.ca



LAB USE ONLY

GENERAL INFORMATION

Reception date: _____ Number of subjects submitted: _____

Date of necropsy: _____ Assign pathologist/resident: _____

PATIENT/OWNER IDENTIFICATION

Owner's ID: _____

Address: _____

Phone: _____

Email: _____

Animal ID: _____

Reference number: _____

Species: _____ Breed: _____

Age: _____ Sex: F F/S M M/N

CLINICAL INFORMATION

Death: Natural Euthanized

Date of death: _____

Conditions upon reception: Living Recently dead Frozen

Insurance claim (\$): Yes No

English writing report (\$): Yes No

Veterinarian: _____

Clinic: _____

Email: _____

ADDITIONAL INFORMATION

Private cremation (not included) Group cremation (included)

Anamnesis:

Is rabies one of your three main differential diagnoses? Yes No

Treatments:

Clinical diagnostic: _____

N.B. For space reasons, carcasses cannot be kept after necropsy.

When sending samples to the *Centre de diagnostic vétérinaire de l'Université de Montréal (CDVUM)*, I hereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the CDVUM for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

OWNER

Signature: _____ Date: _____

VETERINARIAN

Signature: _____ Date: _____