CENTRE DE DIAGNOSTIC VÉTÉRINAIRE
DE L'UNIVERSITÉ DE MONTRÉAL

CDVUM

Université de Montréal

SUBMISSION FORM - **FORENSIC 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 (THIS FORM IS AVAILABLE ONLINE AT WWW.SERVICEDEDIAGNOSTIC.COM)

Reception date : _____ Number of subjects submitted : _____ Assigned pathologist : _____

Necropsy date : _____ Assigned resident : _____

OWNER/ANIMAL IDENTIFICATION

Name of the referring veterinarian : _____

Clinic: _____

Phone : _____

Owner's name : _____

Animal's name : _____

Species : _____ Breed : _____

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

Color : _____ Microchip/Tattoo # : _____

Special markings : _____

REQUESTOR INFORMATION

Investigating Agency/Requester : _____

Name of investigating officer(s) : _____

Agency case number (if applicable) : _____

Agency address : _____

_____ Zip code : _____

Phone : _____

Email : _____

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

Signature attesting the reading of this condition : _____

ADDITIONAL INFORMATION

Date and time of death : _____

Date and time found dead : _____

Location of death : _____

Describe the place and position in which the animal was found dead : _____

Found dead by (name, address, phone number) : _____

Witnesses to death (name, address, phone number) : _____

Date and time last known alive : _____

Location last known alive : _____

Last seen alive by (name, address, phone number) : _____

How was the animal identified : _____

Euthanasia :

☐ No ☐ Yes (agent, route) : _____

Possible cause of death :

☐ Spontaneous ☐ Unknown ☐ Other : _____

Zoonotic disease suspected (transmissible from animals to humans; example: rabies) :

☐ No ☐ Yes, which one : _____

Other animals on site : ☐ None ☐ Yes

If yes, species present : _____

Approximate number : _____

Seen by a veterinarian before death (name of the vet) : _____

Care administered before death (ex: refeeding, treatments, drugs given) :

☐ Unknown ☐ No ☐ Yes, specify : _____

Temperature of maintenance : ☐ Cooled ☐ Frozen

Presence of weapons or tools : _____

Describe visible injuries on the body : _____

ADDITIONAL INFORMATION

List of items and evidences removed from body : _____

Narrative summary of circumstances surrounding death (include events leading up to death, medical history, list of medications (if applicable)) : _____

Relevant information not covered by this submission form or by the offense report : _____

Specific requests and questions to the veterinary pathologist : _____

*Will an offense report be written ? ☐ Yes ☐ No

*Were any picture taken from the scene and animal ? ☐ Yes ☐ No

*If you answered yes to any of the two previous questions, please share these documents with us in order to offer the most appropriate answer to your questions

SECTION FOR THE EXCLUSIVE USE OF MAPAQ

Inspecteur responsable du dossier : _____

Éléments visés par la nécropsie :
☐ Maladie ☐ Malnutrition ☐ Négligence ☐ Mauvais traitement
☐ Crimes sexuels ☐ Mort suspecte ☐ Combats d'animaux ☐ Mort naturelle

Loi et règlement en cause :
☐ B-3.1 ☐ Autre (le(s)quel(s)) : _____

Émission du rapport final : ☐ Urgent (< 30j) ☐ Régulier

☐ **Private cremation (not included)** ☐ **Group cremation (included)**

When sending samples to the *Centre de diagnostic vétérinaire de l'Université de Montréal* (CDVUM), I thereby 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) and may be communicated by the CDVUM to government authorities in the context of legal obligations.

PERMISSION GRANTED BY INVESTIGATING AGENCY FOR NECROPSY

Signature : _____ Print name : _____ Badge ID #: _____