

**SUBMISSION FORM – NON SUBSIDIZED NECROPSY**

**Necropsy office - CDEVQ**

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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)**

**\* Note that the bodies must be collected by the chosen cremation company within two weeks of the necropsy.**

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) and may be communicated by the CDVUM to government authorities in the context of legal obligations.

**OWNER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VETERINARIAN**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_