



**VETERINARY DIAGNOSTIC
LABORATORIES**
COLORADO STATE UNIVERSITY

Veterinary Diagnostic Laboratory
Fort Collins, Colorado 80523-1644
Phone: (970) 297-1281; FAX (970) 297-0320
www.dlab.colostate.edu

DOA NECROPSY REQUEST FORM

Fees Apply To All Services Rendered

D-Lab Case Coordinator _____

Perform a Necropsy? Yes No

CSU Case Number (if Applicable) _____

Veterinarian _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Fax () _____ - _____

E-mail: _____

Date Received _____ Time _____ AM / PM

Received by _____ (print clearly)

Owner _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Fax () _____ - _____

E-mail: _____

Necropsy Billing:

____ Veterinarian/Clinic

____ Owner

Report To:

____ Veterinarian/Clinic

____ Owner

Body Disposition: Necropsy remains cannot be returned to an owner (non-government) unless cremated

____ Disposition by CSU Diagnostic Lab

____ Return to Government Agency/Law Enforcement/Zoo

Cremation Billing: Veterinarian/Clinic Owner

Private Cremation: Precious Memories Rainbow Bridge

____ Guardian Pet Aquamation

Animal Name/ID _____ Species _____ Breed _____ Sex _____ Age _____ Weight _____ Deceased Date _____

Rabies Vaccination: Year _____ License # _____ Expiration _____ Veterinarian Phone # _____

History: Include information regarding clinical signs/diagnosis, duration, lesions, number of animals affected, etc. Please provide additional information on back of white form.

Special Requests: _____

Block count _____

Prelim Email/Fax/Call _____

Final Email/Fax/Call _____

**After Hour (9 p.m.-6 a.m.) and Weekend Submissions: Additional \$25 fee applied
Fees Apply To All Services Rendered**

Signature: _____ **Date and Time:** _____ **AM / PM**