



## NECROPSY SERVICE POSTMORTEM SUBMISSION FORM

Date received \_\_\_\_\_

Accession# \_\_\_\_\_

### Anatomic Pathology

Phone(907) 474-1928  
Fax (907) 474-1932(fax)

Animal(s) ID \_\_\_\_\_ Species/Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Died/Method of Euthanasia: \_\_\_\_\_ Date & Time of Death: \_\_\_\_\_ Weight \_\_\_\_\_

Total number of animals on premises: Adult \_\_\_\_\_ Young \_\_\_\_\_ Other animals \_\_\_\_\_

Total number of animals on premises affected: Adult \_\_\_\_\_ Young \_\_\_\_\_ Other animals \_\_\_\_\_

Submitting Veterinarian \_\_\_\_\_

Owner \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### **Please Circle One (and check boxes):**

#### **Option 1:**

##### **Gross Necropsy**

Billing: Necropsy Fee\*: \$150.00

Large animal necropsy fee:  
Call for information: (907)474-1990

Disposal:

☐ Disposal at Pathologist discretion  
(no additional charge)

☐ Private cremation  
(return of body to referring clinic)

(Cremation charge to be billed  
through the referring clinic)

**Referring clinic will receive a  
written report including  
histopathology results (if  
histopathology performed)**

#### **Option 2:**

##### **Body Donation**

Billing: No Charge

Disposal:

☐ Disposal at Pathologist discretion  
(no additional charge)

**Body will not be returned to clinic  
for private cremation.**

**Referring clinic will not receive a  
report.**

HISTORY (include date of onset/duration illness, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates) Previous Accession[s]:

\_\_\_\_\_ (*please initial*) UAF Department of Veterinary Medicine may have a copy of my pet's medical records for teaching purposes.

\_\_\_\_\_ (*please initial*): My pet is not known to carry any contagious disease(s).

\_\_\_\_\_ (*please initial*): I understand and consent to the terms outlined in this document on page 3.

\_\_\_\_\_ (*please initial*): I hereby attest that I am the legal owner of the pet I am submitting.

\_\_\_\_\_ (*please initial*): I understand that my animal will be used to benefit the UAF Department of Veterinary Medicine in its teaching mission.

I authorize the remains of my pet, \_\_\_\_\_ (pet's name), for the use in veterinary education and research.

**Owner signature:** \_\_\_\_\_

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

**Necropsy Terms & Conditions:**

By submitting my pet to the UAF Veterinary Medicine Department for necropsy, I recognize and accept that:

1. My consent cannot be withdrawn once UAF takes possession of my pet's remains.
2. Due to the nature of the teaching/research of the UAF Veterinary Medicine Department, remains may be stored for 2-3 years or more.
3. The body and remains will be handled according to relevant state laws.
4. Communication regarding necropsy findings will be through the submitting veterinarian, unless prior arrangements are made with the pathologist.
5. The submitted specimens, as well as products, isolates, and data derived from them become the property of the University of Alaska Fairbanks. Submitted specimens may be released to registered pet cremation services if prior arrangements are made with the pathologist.
6. Remains not otherwise disposed of after a period of 5 business days will be considered abandoned and will be disposed of at the pathologist's discretion.
7. For donated remains: There is no cost to the owner for donation of remains. At the conclusion of UAF's use of my pet's remains, they will be unidentifiable and destroyed. There will be no opportunity for me or any other prior owner to retake possession of the remains at any time.