

VMAT Necropsy Record					
Deployment/Event:			Time:	Date:	
Clinician/Pathologist(s):			Please Initial:		
Procedure Location:		Wild/Pet:	Holding Enclosure/Location #:		
Owner/Point of Origin:			Contact Phone: ( )		
Address:		Service Animal Affiliation:			
Animal Name:		Species:	Breed:	Color:	
VMAT ID #:		Microchip #:		Photo #:	
Ear Tag #:		Brand/Tattoo:		Other:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Neuter/ Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Age/Birth:		Estimate/Actual
Previous Weight: kg/gm/lb		Estimate/Actual	Current Weight: kg/gm/lb		Estimate/Actual
Euthanized Date:		Method:		Anatomical Site:	
Dead Date:		Time:		AM/PM Estimate/Actual	
Carcass Submitted By:			Contact Phone: ( )		

Case History					
Recent Medical/Surgical Problem(s):					Date:
Previous Treatments/Vaccines:					
Previous Diagnostics:					
Restraint Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:					
Previous Anesthetic(s):	Dosage	Total Dose:	Anesthetic Stage #:	Evaluation/Complications: (excellent/good/fair/poor/unknown)	
	Per				
	Per			Recovered: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Ancillary Test Results/Description:**

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**Other Information Pertinent to this Animal's Death:**

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**Clinical Diagnosis:**

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<b>VMAT Necropsy Record</b>	
<b>Pathologic Findings:</b>	
<b>For Each Organ System Please Describe Lesions or State "No Gross Lesions (NGL)" or Not Examined N/E</b>	
<b>General Condition:</b>	Obese/Good/Fair/Emaciated
<b>Apparent Hydration:</b>	Edema/Normal/Dehydrated/Post Mortem Desiccation/Autolytic
<b>Musculoskeletal:</b>	
<b>Gastrointestinal:</b>	
<b>Integument:</b>	
<b>Pneumonic:</b>	
<b>Cardiovascular:</b>	
<b>Hemopoetic (liver, spleen, marrow):</b>	
<b>Lymphatic:</b>	
<b>Reproductive Status:</b>	
<b>CNS (Brain, Ophthalmic, Otic, Spinal Cord):</b>	
<b>Diagnostics: Indicate 1) Source of Sample, 2) Tests Performed, 3) Diagnostic Lab, 4) Available Results</b>	
<b>Parasitology:</b>	
<b>Tissue Impressions (note special stains):</b>	
<b>Ultrasound:</b>	
<b>Aspirates:</b>	
<b>Histopathology Samples and Fixative (formalin/alcohol/gluteraldehyde):</b>	
<b>Cytology (include stain):</b>	
<b>Skin Scraping:</b>	
<b>Cultures: Please Indicate 1) Source/Site 2) Culture Media 3) Diagnostic Lab 4) Available Results</b>	
<b>Bacterial:</b>	
<b>Fungal:</b>	
<b>Other:</b>	

<b>VMAT Necropsy Record</b>	
<b>Tissue Banking:</b>	
<b>Fresh Refrigerated Samples:</b>	
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_____	
<b>Frozen Samples (Standard Refrigeration/Ultralow):</b>	
_____	
_____	
<b>Frozen Tissues/blood/Serum:</b>	
<b>Stored Bacterial Samples:</b>	
<b>Narrative Information:</b>	
<b>Gross Notes:</b>	
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<b>Pertinent Normal Findings:</b>	
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**Circle ONLY ONE from each Category**

**Circumstances of Death:**

- Euthanized
- Self Inflicted Injury
- Trauma
- Malicious Destruction
- Infection Associated
- Injury from Predator
- Environmental or Behavioral
- Stillbirth/Perinatal Death
- Premature Birth
- Anesthesia/Restraint Associated
- Died in Transit
- Other/Unknown

**Etiologic Autopsy Code:**

- Genetic or Prenatal
- Bacterial
- Fungal
- Metazoan
- Protozoal
- Rickettsial
- Viral
- Toxicity
- Trauma
- Circulation, secondary
- Innervation, secondary
- Mechanical Abnormality
- Nutrition
- Neoplasia
- Metabolic
- UNKNOWN

**Topographic Autopsy Code:**

- Generalized
- Integumentary
- Musculoskeletal
- Respiratory
- Cardiovascular
- Haeme/Lymph
- Digestive
- Urinary
- Endocrine
- Nervous
- Reproductive
- Sense Organs
- Unknown
- No Necropsy Planned

**Carcass Disposition:**

- Incinerate
- Bury
- Sent to
  - Name of Institution: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - City/State/Zip: \_\_\_\_\_
  - Telephone: \_\_\_\_\_
  - Fax: \_\_\_\_\_
- Preserved
- E Rendered/Incinerated/Buried/Composted

**Notes:**

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