
Necropsy Record

Case # _____ ID # _____ Holding Pen # _____ Other # _____

Investigating Agency _____

Animal:

Name	Species	Breed
Gender	Age	Weight
Color/Markings	Description	

Examination Record:

Use Appropriate Veterinarian's Detailed Examination to Document Examination

1 st Veterinarian Name	1 st Veterinarian Signature	
1 st Veterinarian Contact Info		
Location of exam	Examination date	Examination time

2 nd Veterinarian Name	2 nd Veterinarian Signature	
2 nd Veterinarian Contact Info		
Location of exam	Examination date	Examination time

Addl. Reviewer's Name	Addl. Reviewer's Signature	
Addl. Reviewer's Contact Info		
Location of exam	Examination date	Examination time

History:



Check One: Animal DOA: _____ Euthanizes Given _____

Location of Euthanasia		Euthanasia date	Euthanasia time
Veterinarian Name	Veterinarian Signature		

Comments:

ATTACHMENT: *Appropriate Veterinarian's Detailed Examination to Document Examination*