



**PM number:** \_\_\_\_\_

**POST MORTEM SUBMISSION FORM**

**External case ( ) Internal case ( ) Hospital number:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please use capital letters**

**Species** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Name** \_\_\_\_\_  
**Age** \_\_\_\_\_ **Gender:** F ( ) M ( ) **Entire** ( ) **Neutered** ( ) **Unknown** ( )  
**Weight** \_\_\_\_\_ **Date and time of death** \_\_\_\_\_ **Died** ( ) **Euthanised** ( )  
**Storage since death (external case only)** \_\_\_\_\_.

**Mass cremation** ( ) **Individual cremation** ( ) **Scatter box** ( ) **Casket** ( )

**Clinician:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone number** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone number** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**OR STICK LABEL HERE**

**Relevant clinical history:** Clinical signs, significant haematology and biochemistry, radiology, treatments, duration. Vaccination, nutritional status, other exposed animals, other affected animals.

**Please use capital letters**

**Special concerns** (request, rule outs, procedures).

**Submitting clinician (Print name and signature):** \_\_\_\_\_

**Person and/or area to send the report to (email address):** \_\_\_\_\_

Note: Specimens submitted to the Department of Veterinary Medicine are owned by the University of Cambridge, UK and will not be returned to the client unless arrangements were made prior to submission.