

FOR



VETERINARY DIAGNOSTIC LABORATORY

University of Illinois at Urbana-Champaign
PO Box U, 2001 South Lincoln Avenue
Urbana, IL 61802-6178

Tel: (217) 333-1620 Fax: (217) 244-2439

Email: vdforensics@vetmed.illinois.edu

Website: vetmed.illinois.edu/vdl

ACCESSION #

Place sticker here

| | | | | | |
|---|---------|-----|--|-------|--|
| SUBMITTER | | | RESULTS <input type="checkbox"/> FAX <input type="checkbox"/> AGENCY EMAIL <input type="checkbox"/> EMAIL SUBMITTER <input type="checkbox"/> ONLINE/APP | | |
| HOSPITAL/AGENCY | | | COPY RESULTS <input type="checkbox"/> 3 RD PARTY (NAME WITH FAX OR EMAIL BELOW) | | |
| ADDRESS | | | | | |
| | | | | | |
| CITY | STATE | ZIP | OWNER NAME (FIRST & LAST) | | |
| PHONE () | FAX () | | CITY | STATE | ZIP |
| HOSPITAL/AGENCY EMAIL | | | BREED | | AGE |
| SUBMITTER EMAIL | | | SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> EQUINE <input type="checkbox"/> BOVINE <input type="checkbox"/> PORCINE | | |
| P.O./ACCT #/FOP | | | <input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER | | |
| FEIN # <input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES | | | SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS WEIGHT | | |
| BILLING COMMENTS (Owner billing not available) | | | ANIMAL ID | | |
| | | | DATE SENT | | <input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> COURIER |
| | | | / / | | <input type="checkbox"/> DROP OFF <input type="checkbox"/> OTHER |
| | | | DATE COLLECTED | | SPECIMEN <input type="checkbox"/> TISSUE |
| | | | / / | | <input type="checkbox"/> OTHER |

ADDITIONAL TESTING MAY BE AVAILABLE, CHECK OUR WEBSITE FOR DETAILS

FORENSIC NECROPSY

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☐ Forensic Necropsy

Additional Charges Apply to the Following

- ☐ Ancillary Tests (up to \$300.00) at pathologist discretion;
☐ Neurologic Exam (Spinal Cord)
☐ Postmortem radiographs
☐ Postmortem CT

Disposition of Remains (Disposed by Lab unless noted)

- ☐ Hold for Pickup by
☐ Owner
☐ Representative
☐ Long Term Storage (additional fee)

Other Submitted Materials:

Submission of crime scene photos and/or videos:
☐ Yes
☐ No

Submission of medical records and/or laboratory data:
☐ Yes
☐ No

Submission of radiographs:
☐ Yes
☐ No

Was animal scanned for microchip:
☐ Yes (if found)
microchip number: _____
☐ No

Time of Death Questions

Date and time animal was euthanized (if found alive), method and by whom:

Or

Date and time animal was found deceased and by whom:

Date and time animal was last seen alive and by whom:

How was the body handled, packaged, transported, and stored:

Temperature of the body (rectal), prior to refrigeration or freezing: _____ (°F/°C)

Insect activity and whether there was collection of entomology samples in the field:
☐ Yes ☐ No ☐ Unknown

If deceased at the scene, what did the animal feel like when found: (Check All That Apply)

- ☐ Warm to touch
☐ Cool to touch
☐ Limp (Flexible)
☐ Rigid (Stiff)
☐ Other: _____

Nutrition Questions

Body condition score: _____
Specify, scale utilized: _____

Availability of water:
Yes / No

Water bowl condition:
Clean / Partially clean / Dirty
Other: _____

Availability of food:
Yes / No / Unknown
Type of food: Commercial / Homemade / Other: _____

Frequency of feeding: _____

Food bowl condition:
Clean / Partially clean / Dirty / Other: _____

Comments: _____

Environment Questions

Enclosure or restriction type:
Household / Loose in backyard / Chained / Kennel only

Environment cleanliness:
Poor / Adequate / Excellent

Permanent shelter: Yes / No

Description of shelter: _____

Does the shelter adequately protect from rain and sun:
Yes / No

Number of animals per species within enclosure: _____

AUTHORIZED SIGNATURE _____

REC'D BY (INITIALS) _____

Animal Medical History

Source of the medical information:

Veterinarian / Owner / Medical record / Other: _____

Date of last visit to a veterinarian (include veterinarian contact information): _____

In the 72 hours prior to death was the animal injured:

Yes / No / Unknown

Was the animal on any medication? Y/N If Yes list: _____

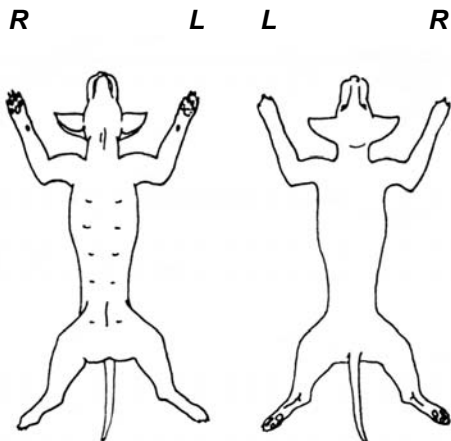
In the 72 hours prior to death were any of the following noted:

| | Yes | No | Describe |
|-------------------------|-----|----|----------|
| Fever | | | |
| Lethargy | | | |
| Decreased appetite | | | |
| Vomiting | | | |
| Diarrhea | | | |
| Breathing abnormalities | | | |
| Seizures | | | |
| Other | | | |

At any point in the animal's life, did it have any of the following:

| | Yes | No | Describe |
|------------------------------|-----|----|----------|
| Abnormal weight gain or loss | | | |
| Breathing difficulties | | | |
| Cyanosis (black/grey color) | | | |
| Heart abnormalities | | | |
| Metabolic disorders | | | |
| Seizures | | | |
| Other | | | |

Comments:

BODY DIAGRAM

If a clinical examination was performed, please answer the following:

Pain during palpation:

Yes / No / Unknown

Locomotion:

Normal / Limping / Severe limping / Non-ambulatory

Body secretions:

Yes / No / Unknown

(describe: _____)

Oral mucosa color:

Cherry red / Dark red / Pink / Pale / White / Yellow /

Other: _____

Hydration status: Normal / Dehydration (_____ %)

Feces:

Normal / Diarrhea

Fur:

Normal / Matted / Hairless areas

(describe: _____)

Ectoparasites:

Yes / No

Itchiness:

Yes / No

Lesions or injuries:

Yes (mark and describe in the body diagram) / No

Scars:

Yes (mark and describe in the body diagram)

Vaccination status:

Up-to-date / Outdated / Unknown

Dewormed:

Yes (date of last dose: _____) / No

Evidence of abnormal behavior:

Yes / No Description: _____

Evidence of stereotypies:

Yes / No Description: _____

Animal attitude:

Alert / Apathetic / Quiet / Other: _____

Attitude to human presence:

Happy / Aggressive / Unsure / Calm / Anxious / Other: _____

Attitude to owner presence:

Happy / Aggressive / Unsure / Calm / Anxious / Other: _____

Were advanced diagnostics performed

(blood work, radiography, ultrasound):

Yes / No

If yes, what were the results:

Clinical History:

Incident Scene Information

Location of the body at time of discovery:

Describe the general appearance of the incident scene: (use scene diagram if necessary)

Position of the body at the time of discovery:

On back / On left side / On right side / Sternal / Other: _____

If found outdoors:

Outdoor environmental temperature: Hot / Cold (____ °F/ °C)

If found indoors:

| | Temperature (°F/ °C) |
|-------------------------|----------------------|
| Thermostat setting | |
| Thermostat reading | |
| Actual room temperature | |

When the animal was found was it breathing: Yes / No / Unknown

Did anyone try to resuscitate the animal: Yes / No / Unknown

If yes, describe what was done to resuscitate the animal:

If animal was alive at the scene, describe how the animal was acting:

Description of the appearance of the animal at the scene:

| | Yes | No | Unknown | Describe |
|--|-----|----|---------|----------|
| Discoloration of the head or oral mucosa | | | | |
| Bodily fluids (froth) | | | | |
| Marks on body (abrasions, lacerations, punctures, bruises) | | | | |
| Skin discoloration (lividity) | | | | |
| Other | | | | |

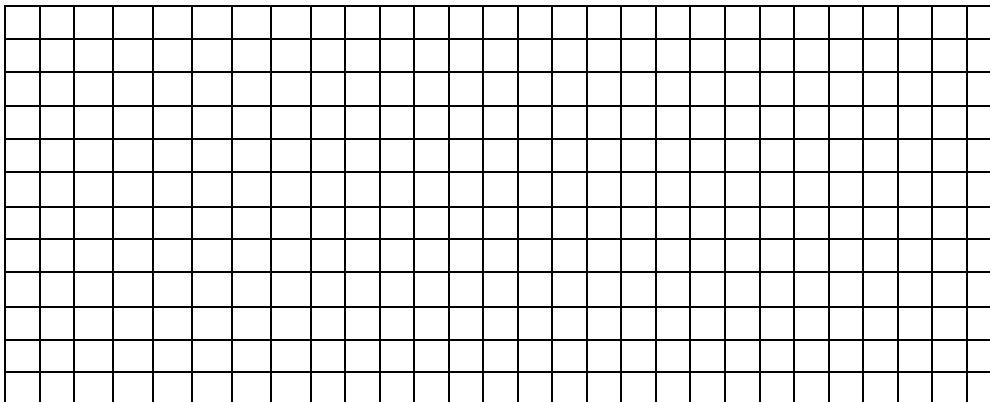
Number of animals at the scene (by species):

Indicate whether preliminary investigation suggests any of the following:

| | Yes | No |
|---|-----|----|
| Asphyxia | | |
| Dietary issues (such as lack of food or water) | | |
| Hypothermia/hyperthermia | | |
| Environmental hazards (such as carbon monoxide) | | |
| Electrocution | | |
| Natural cause of death | | |
| Trauma | | |
| Suspicious circumstances | | |

Any yes should be explained:

Description of the circumstances:

SCENE DIAGRAM

Additional Information:

Special Instructions: