



Professional Veterinary Pathology Services, LLC

One Science Ct Ste 200, Columbia, SC 29203
Phone (803) 252-1913 Fax (803) 753-5074
www.provetpath.com

PRACTICE: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
PHONE: _____
SUBMITTING DVM: _____
EMAIL REPORT TO: _____

****CALL PVPS TO OBTAIN AUTHORIZATION PRIOR TO SUBMISSION****
FORM MUST BE SIGNED: I release this pet's body to PVPS or its designated agent and certify it to be that of the patient identified on this form. I authorize PVPS to perform the necropsy service requested and I assume responsibility for payment according to the terms of agreement. PVPS is authorized to release remains for cremation or as otherwise indicated on this form upon completion of the examination.

Signature of Authorized Submitter / Veterinarian / Owner

DISPOSITION OF REMAINS: (MUST CHECK ONE)**

- CREMATION WITH NO RETURN OF CREMAINS
 - PRIVATE CREMATION – CREMAINS RETURNED THROUGH PVPS
 - PRIVATE CREMATION – CREMAINS RETURNED
- Arrangements have been made with the following cremation service

FORM PROVIDED

If not indicated above, body will be cremated with NO return of cremains

TRANSFERRED TO:

- PPS
- PVPS
- _____

Received by: _____
Driver / Courier Date / Time

PVPS LAB USE ONLY

Received by: _____
Employee or Authorized Agent Date / Time

RECEIVING NOTES:

FOR PVPS LABORATORY USE ONLY:

PATIENT INFORMATION: (PLEASE COMPLETE ENTIRELY)

FAMILY LAST NAME:	PATIENT NAME:
MEDICAL REC NO:	PATIENT ID#:
<input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER _____	

BREED: _____
GENDER: FEMALE MALE UNKNOWN

SPAYED/NEUTERED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH:	WT:
--	----------------	-----

EUTHANIZED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF DEATH:
METHOD:	DEATH:

PRESERVATION: Refrigerated Frozen None

ADDITIONAL OR SPECIAL INSTRUCTIONS

- POTENTIAL RABIES SUSPECT – SUBMIT BRAIN TO SC DHEC
- KNOWN OR POTENTIAL CRIMINAL/CIVIL/MALPRACTICE CASE
- INSURANCE CLAIM REQUIRES NECROPSY REPORT
- OTHER INSTRUCTIONS: _____

PLEASE PROVIDE A BRIEF HISTORY, DESCRIBE SIGNS AND PROVIDE RELEVANT LABORATORY AND/OR CLINICAL DATA BELOW:

- Emailed to reports@provetpath.com
- See Attached