



Professional Veterinary Pathology Services, LLC

One Science Court, Suite 200, Columbia, S.C., 29203
Phone (803) 252-1913 Fax (803) 252-2330

Submitter or Practice: Acct #
Address:
City: St Zip
Phone:
Fax:
Veterinarian:
Date Called/Sent:
Confirmation No:

\*\*\*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 WITHOUT RETURN OF ASHES (included in fee)
INDIVIDUAL CREMATION - ASHES RETURNED (fee not included)
COSMETIC EXAM - RETURN BODY FOR BURIAL (surcharges added)
\*\*If not indicated above, body will be cremated without return of ashes\*\*

TRANSFERRED TO:

- IPCS PPS PVPS

Received by: Driver / Courier Date / Time

LAB USE ONLY - DELIVERED TO:

- PPS/PVPS, 1 Science Ct, Columbia, SC
PVPS Necropsy Facility
Other

Received by: Employee or Authorized Agent Date / Time

LAB USE ONLY - RELEASED TO:

- Cremation Service:
Practice:
Owner:
Other:

Received by: Employee or Authorized Agent Date / Time

FOR LABORATORY USE ONLY:

PATIENT INFORMATION: (PLEASE COMPLETE ENTIRELY)

OWNER: MEDICAL RECORD NO:
PATIENT ID:
CANINE FELINE OTHER
BREED:
GENDER: FEMALE MALE UNKNOWN
SPAYED/NEUTERED: AGE OR DATE OF BIRTH: WT:
EUTHANIZED: Yes No DATE OF DEATH:
METHOD:
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: SEE ATTACHED RECORDS

Blank lines for providing history and clinical data.

LABORATORY USE ONLY - PLEASE DO NOT WRITE IN THE SPACE BELOW

Blank lines for laboratory use.