

Necropsy Worksheet

Post Mortem No. _____

Submitter Information	Animal Information
Submitter's Name: _____	Species: _____
Dept/Organisation: _____	Identification: _____
Address: _____	ARKS/Arrival No.: _____ Date of death: _____
_____	Sex: _____ Age: _____ Weight: _____g/kg
_____	Location/Enclosure #: _____
_____	No. Affected: _____ No. Dead: _____
Phone: _____ Fax: _____	Euthanased: No / Yes; Method: _____
Clinician _____	State: Fresh / Frozen/Decomposed
Prosector: _____	Zoo/Quarantine/Rehab/Consultancy

Circumstances of Death:

Necropsy Commenced: ____:____ am/pm Date ____ / ____ / ____

External Findings:

Body Condition:

Hydration: _____ Fat Deposits: _____ Muscle Mass: _____

Internal Findings:

Samples Saved/ Tests Requested:

Microbiology: _____

Histopathology: _____

Photos: _____

Frozen Tissues: _____

Tissues for Researchers: _____

Tissues for
Museum: _____

Diagnoses (Tentative/Final):

Comments: