

Oklahoma Animal Disease Diagnostic Laboratory

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<http://cvhs.okstate.edu/oaddl>

NECROPSY SUBMITTAL FORM - OHRC

OWNER'S NAME	TRACK NAME (CHECK ONE)	RP	FMT	WRD
CITY, STATE or OHRC#	ATTENDING VETERINARIAN, PRINTED NAME			
OWNER CONTACT PHONE#	OKLAHOMA LICENSE #	OHRC License #		
TRAINER'S NAME	VETERINARIAN CONTACT PHONE#			
CITY, STATE AND OHRC#	IS THIS HORSE UNDER YOUR ROUTINE CARE? YES NO			
TRAINER CONTACT PHONE#	VETERINARIANS SIGNATURE			

HORSE NAME _____ TATTOO# _____

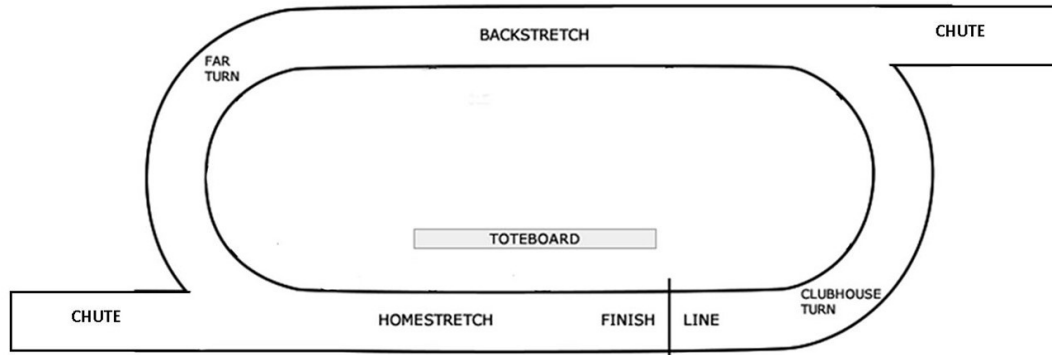
COLOR/MARKINGS (if not tattooed) _____

AGE _____ STALLION _____ GELDING _____ FEMALE _____ BREED _____

BARN # _____ STALL # _____ INSURED? YES NO

MARK STARTING GATE WITH AN "S" & LOCATION OF INJURY WITH AN "X" IN DIAGRAM BELOW

RUNNING RACE _____ TRAINING _____ NON-EXERCISE (SPECIFY) _____



HISTORY

EUTHANIZED? YES NO EUTHANASIA AGENT _____ DATE AND TIME OF DEATH _____

CLINICAL FINDINGS, DIAGNOSIS, ADDITIONAL HISTORY:

MEDICATIONS ADMINISTERED IN PREVIOUS 96 HOURS

BUTE OTHER NSAIDS LASIX CORTICOSTEROIDS

OTHER (SPECIFY):