

LABORATORY OF AVIAN MEDICINE & PATHOLOGY

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Kennett Square, PA 19348
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RJE - POULTRY FIELD OFFICE
788 North Penryn Road
Manheim, PA 17545
(717) 665-1553

**COMMERCIAL
NECROPSY
SUBMISSION FORM**

Date: _____

Accession #: _____

Case Veterinarian: _____

Company Name: _____ **Phone:** _____ **Fax:** _____

Bill To: _____

List all persons who should receive a report: _____

Grower/Farm Name/Hs #: _____ **Email Address:** _____

Phone: _____ **Fax:** _____

Serviceperson: _____ **Email Address:** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

How would you like the report delivered? US Mail **Fax** **Email** (please check one)

Please check one and provide accurate Fax # or Email address: _____

If new client, or address information has changed, please use back of this form to update or correct.

SUBMISSION INFORMATION

Number of Birds: _____ **Dead** _____ **Alive** _____ **Age of Birds:** _____

Species: _____ **Breed:** _____ **Production Type:** _____

Number of Birds in Flock: _____ **# Houses on Farm:** _____ **# Birds on Farm:** _____

GENERAL HISTORY

Reason for Submission (i.e. mortality pattern, clinical signs):

MEDICATION / VACCINATION HISTORY

Recent Medication(s) or Vaccine(s) Administered:

Other Information:

COMPANY INFORMATION:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email address: _____

GROWER/FARM INFO:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email address: _____

SERVICEPERSON INFO:

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email address: _____

Mobile: _____