

ANIMAL AUTOPSY SUBMISSION FORM

PENNSYLVANIA VETERINARY LABORATORY 2305 North Cameron Street, Harrisburg, PA 17110-9449 PHONE: (717) 787-8808 / FAX: (717) 772-3895

Accession #

- Business hours are from 8:00 AM to 4:00 PM Monday through Friday.
- Please call before submitting an animal so that we may serve you better.
- DO NOT LEAVE ANIMALS ON THE LOADING DOCK. They must be placed inside the cooler.

No part of any animal submitted for diagnostic examination will be returned to the owner.

Owner Information Bill To	Veterinarian Information 🗌 Bill To
Name:	Vet Name:
Farm:	Vet Practice:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Email:	Email:
Phone: () Fax: ()	Phone: () Fax: ()
Other Party Information 🗌 Bill To	
Name:	Party purpose:
Address: City:	State: Zip:
Email:	Phone: () Fax: ()
Animal Information and Medical History	Farm Information
Official ID/Animal ID:	Premises ID:
Species/Breed: Gender:	Other animals on farm?
Age/DOB:	Other sick animals?
How long have you owned the animal?	
Last date the animal seemed healthy?	Feed (home grown silage, local hay, Purina senior, etc.):
Signs of disease: (Breathing problems, diarrhea, discharge from eyes/nose, limp, off feed, etc.)	
	Traffic on farm (shows, new additions, etc.):
	Housing (tie stall barn, feedlot, pasture with shelter, etc.):
Treatments:	Herd Health (vaccine history, hoof trimming, deworming, etc.):
Date of Death: Euthanized: Y N	
Date of Death:Euthanized:YN	

NOTICE: Lab results reported via email are sent from USALIMS (usalims@pa.gov) - add this address to your email filters and/or review your junk folder for your lab reports. PV PATH FORM 04 (07/2024)