



# Agricultural Animal Autopsy Submission Form

Accession #

Website: <http://padls.agriculture.pa.gov>

**Pennsylvania Veterinary Laboratory**  
PA Department of Agriculture  
2305 North Cameron Street  
Harrisburg, PA 17110  
Tel: (717) 787-8808 / Fax (717) 772-3895  
Business Hours: 8:00 am – 4:00 pm M-F  
After-hours submission available

**Animal Diagnostic Laboratory**  
The Pennsylvania State University  
131 Pastureview Road  
University Park, PA 16802  
Tel: (814) 863-0837 / Fax: (814) 865-3907  
Business Hours: 8:00 am – 5:00 pm M-F  
After-hours submission available

**New Bolton Center\*\***  
University of Pennsylvania  
382 West Street Road  
Kennett Square, PA 19348  
Tel: (610) 925-6232 / Fax: (610) 925-6810  
Business Hours: 8:30am – 4:30pm, M-F  
Weekends & After Hours: (610) 444-5800

The PADLS Dog, Cat, and Small Companion Animal Autopsy Submission Form must be used for these species in lieu of this form.

**\*\*All mammalian submissions to NBC require pre-approval. Submissions arriving without notice may be refused.**

<p><b>OWNER INFORMATION</b> <input type="checkbox"/> <b>BILL TO</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Premise ID: (if applicable) _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Reporting: <input type="checkbox"/>Email <input type="checkbox"/>Mail <input type="checkbox"/>No Report</p>	<p><b>VETERINARIAN INFORMATION</b> <input type="checkbox"/> <b>BILL TO</b></p> <p>Practice Name: _____</p> <p>Veterinarian Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Reporting: <input type="checkbox"/>Email <input type="checkbox"/>Mail <input type="checkbox"/>No Report</p>
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<p><b>OTHER PARTY INFORMATION</b> <input type="checkbox"/> <b>BILL TO</b></p> <p>Party Purpose: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Reporting: <input type="checkbox"/>Email <input type="checkbox"/>Mail <input type="checkbox"/>No Report</p>	<p><b>SELECT TESTING LEVEL*:</b></p> <p><input type="checkbox"/> Tier 1 (Autopsy with limited additional testing)</p> <p><input type="checkbox"/> Tier 2 (Advanced testing), please choose one:</p> <p style="padding-left: 20px;"><input type="checkbox"/> I do not want testing beyond Tier 2</p> <p style="padding-left: 20px;"><input type="checkbox"/> I approve testing beyond Tier 2</p> <p><small>Additional testing is charged per test. A list of available tests may be found at <a href="http://padls.agriculture.pa.gov">http://padls.agriculture.pa.gov</a> or by contacting the individual PADLS labs. *Not applicable to abortion panels.</small></p>
	<p><b>DISPOSITION OF REMAINS:</b></p> <p><input type="checkbox"/> Disposal <input type="checkbox"/> Cremation*</p> <p><small>*Only cremated remains can be returned; cremation arrangements must be made by the submitter.</small></p>

Was this animal ever a New Bolton Center patient?  Yes  No  Unsure

If yes, are PADLS pathologists permitted to discuss the case with NBC Hospital clinicians if needed?

No  Yes (please provide names): \_\_\_\_\_

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**ANIMAL INFORMATION:** Name/Tag/Microchip/ID: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Euthanized:  Yes  No Insured:  Yes  No

**HISTORY:** (include onset of disease, clinical signs, bloodwork/imaging/diagnostic test results, treatments, travel history, other animals on premise are exhibiting clinical signs, changes in feed/management – use additional space if needed)

Differential Diagnosis: \_\_\_\_\_

***\*If neurologic, MUST include last TWO rabies vaccine dates and a description of neurologic signs\****

Rabies Vaccine Dates: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Rabies testing requested:  Yes  No

## SPECIFIC TEST REQUESTS, QUESTIONS TO BE ANSWERED, or OTHER REQUESTS:

PADLS reserves the right to perform tests for any of the diseases regulated or under surveillance by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any test on animals submitted for autopsy that the Case Coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgment that some tests may be performed at other laboratories.

I understand that PADLS – NBC faculty have teaching and research functions in addition to diagnostic duties. In fulfilling these missions, they may generate photographs or other images of patients and/or make use of tissue samples in performing their studies. I consent to the taking of photographs and other images and the use of such images and tissue samples as well as data from medical records for teaching and research purposes provided that neither my animal nor I are identified in any publications, reports or presentations without permission.

I understand that except with the express written permission of the PADLS -NBC, I am prohibited from taking photographs or video/motion pictures on the New Bolton Center campus or from using any photographs or other images of New Bolton Center facilities, personnel, or the PADLS, PennVet or University of Pennsylvania name, trademarks, or logos, in any public communication. I understand that if I have concerns regarding this policy, I can direct them to the resident director and hospital director. My signature below indicates my understanding of and agreement with these policies, which is a condition to my receipt of services.

Printed name of veterinarian or submitter: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

***Please note: incomplete forms may cause delays in processing and/or impact results***

Controlled Form: **PD PATH FORM 06 (May 2026)**

Associated SOPs: NBC.PATH.100, PS 300-800-001, PV 300-800-041

Please check TMS for the most current version prior to making additional copies.