

VETERINARY DIAGNOSTIC LABORATORY

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For Office use

CASE # _____
DATE RECEIVED: _____
RECEIVING STAFF: _____

MAMMALIAN SUBMISSION FORM

OWNER'S INFORMATION

Name: _____ Address: _____
Phone: _____ Email: _____

VET & CLINIC INFORMATION

Vet Name: _____ Clinic Name: _____
Address: _____ Phone: _____
Email: _____

Send Report: ☐ Owner ☐ Vet clinic

Send Invoice: ☐ Owner ☐ Vet clinic

Individual owners must pay up front for Necropsy. Any unpaid invoicing will be billed through the vet clinic unless agreed on otherwise. **Note: If a reportable disease is suspected, the vet is required by law to test for the disease in question regardless of owner's consent.*

PLEASE PROVIDE COMPLETE HISTORY

Species: _____ Breed: _____ Age: _____ Sex: _____ Weight: _____

History and Clinical Signs: _____

Differential Diagnosis: _____

Samples Submitted: _____

TEST(S) REQUESTED

Pathology

- ☐ Necropsy
- ☐ Histopathology
- ☐ Rabies Exam

Bacteriology

- ☐ Routine Culture
- ☐ Salmonella Culture
- ☐ Anaerobic Culture
- ☐ Mycotic/Fungal Culture
- ☐ Antibiotic Sensitivity

Virology (Specify) _____

PCR (Specify) _____

Hematology (Specify) _____

Toxicology (Specify) _____

Parasitology (Specify) _____

Other (Specify) _____