



POST MORTEM REQUEST FORM

Please fill in required fields as marked*

After filling in form email to: Scone Reception: melissa.atfield@sconeequine.com.au

* Date _____ *Time _____

* Horses Name / Sire and Dam _____

* Stud/Owner _____

* Post Mortem Request by _____

* Insurance Company _____

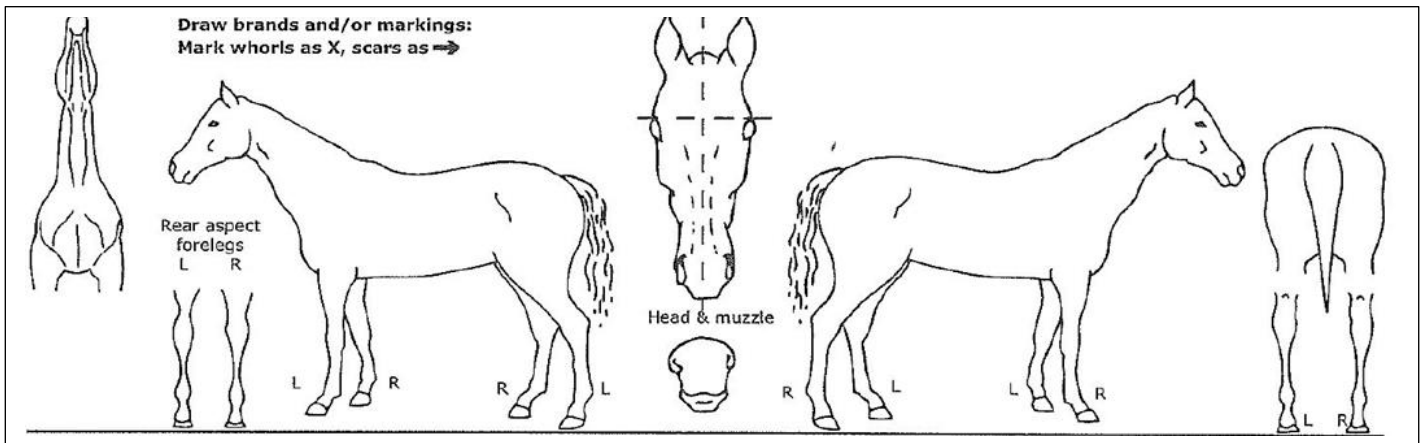
* Hendra Immunity Certificate Current - YES / NO *Microchip Number _____

* Are there specific biosecurity concerns with the case? - YES / NO If yes, please identify: _____

* Specific Sampling Requests: _____

NOTE: If a Hendra Exclusion test is carried out, **NO** autopsy can be performed until negative results are returned.

HISTORY _____



Case clinician requesting post mortem: Signature: _____