



POST MORTEM REQUEST FORM

Please fill in required fields as marked *

After filling in form email to:

Scone Reception: ambulatoryservices@sconeequine.com.au

* Date: _____ * Time: _____

* Horses name / Sire and Dam : _____

* Stud/Owner: _____

* Post Mortem request by: _____

* Insurance company: _____

* Hendra Immunity Vaccination? YES NO *Microchip Number: _____

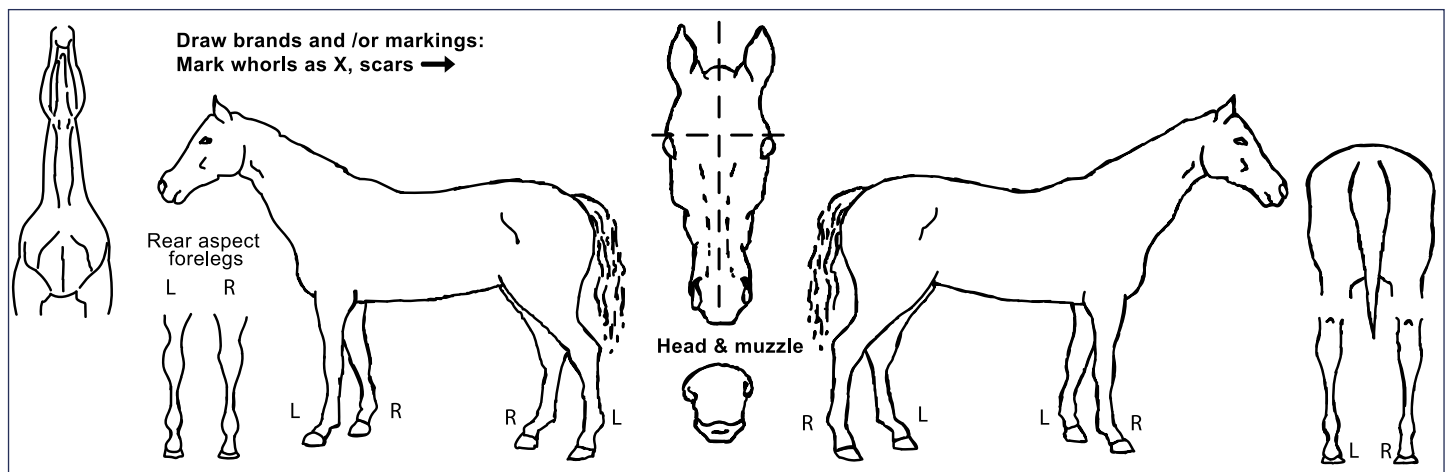
Are there specific biosecurity concerns with the case? YES NO

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: _____