

A Dog Has No Name Request Form

2015 SW 16th Ave. Room VS-50 Gainesville, FL 32608

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Submitter's Name:		Submitter's Phone No.:		Patient MR# (UF use only)		Case# (UF use only)	
Agency:				Agency Phone#		Agency Fax#	
Address:				Email Address (For Lab Results):			
City, State, Zip Code				Date Collected:		Date Sent:	
Species DOG		Breed:		Color:		Weight:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> N. Male <input type="checkbox"/> Female <input type="checkbox"/> S. Female <input type="checkbox"/> Unkn./Other				Submission of crime scene photos and/or video? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Case Information

Found Dead <input type="checkbox"/> Yes <input type="checkbox"/> No		Euthanized <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Death/Found: ____ \ ____ \ ____	
After being found, How was body handle/packaged:				Was animal scanned for microchip?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If found, microchip #: _____					
Temperature of the body (rectal), prior to refrigeration or freezing: _____ (°F/°C)					
Insect activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were entomology samples collected: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If deceased at the scene, what did the animal feel like when found (Check All That Apply):					
<input type="checkbox"/> Warm to touch <input type="checkbox"/> Cool to touch <input type="checkbox"/> Limp (Flexible) <input type="checkbox"/> Rigid (Stiff) <input type="checkbox"/> Other: _____					
Location of body at time of discovery:					
GPS Coordinates:					
Animals body position at time of discovery: <input type="checkbox"/> On back <input type="checkbox"/> On left side <input type="checkbox"/> On right side <input type="checkbox"/> Sternal <input type="checkbox"/> Other (describe): _____					
Was the animal found alive at the scene: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Was resuscitation attempted on animal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe: _____					
Discoloration of skin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe: _____					
Bodily fluids present (froth): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe: _____					
Marks on body: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Punctures <input type="checkbox"/> Bruises <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe): _____					
History including scene information:					

Remains will be disposed by Lab unless noted otherwise. Tissues collected will be stored according to Standard Operating Procedures.

- I understand that residual samples from my animal become property of the UFVH and consent to the use of these samples. These may be used for medical education, research or publications in journals or textbooks.
- I understand that information may be supplied to:
 - o Law enforcement personnel as necessary for the accomplishment of their duties.
 - o Other health care providers as necessary for maintenance of public health.

Signature of Submitter	PRINT Full Name