



**Veterinary Pathology Request**

<b>PET INFORMATION</b>	Last	First
	Species	Breed
	Date of birth	Sex (circle one) M      F

<b>CLIENT INFORMATION</b>	Date
	Office site
	Clinician
	Pet Owner

**Label specimens with patient info and tissue type submitted**

**CLINICAL HISTORY / MEDICATIONS**


<b>SURGICAL / CYTOLOGY</b>	Specimens Submitted
	a.
	b.
	c.
	d.
	e.
	f.
	g.
	h.

<b>AUTOPSY</b>	Organs Submitted
	a.
	b.
	c.
	d.
	e.
	f.
	g.
	h.