

Oklahoma Animal Disease Diagnostic Laboratory

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NECROPSY SUBMITTAL FORM - OHRC

OWNER'S NAME	TRACK NAME (CHECK ONE) RP FMT WRD
CITY, STATE or OHRC#	ATTENDING VETERINARIAN, PRINTED NAME
OWNER CONTACT PHONE#	OKLAHOMA LICENSE # OHRC License #
TRAINER'S NAME	VETERINARIAN CONTACT PHONE#
CITY, STATE AND OHRC#	IS THIS HORSE UNDER YOUR ROUTINE CARE? YES NO
TRAINER CONTACT PHONE#	VETERINARIANS SIGNATURE

HORSE NAME _____ **TATTOO/CHIP #** _____

COLOR/MARKINGS (if not tattooed) _____ **DATE/TIME OF DEATH** _____

AGE _____ **STALLION** **GELDING** **FEMALE** **BREED** _____

RUNNING RACE _____ **DISTANCE** _____ **TRAINING/SCHOOLING/WORK** _____ **NON-EXERCISE (DESCRIBE BELOW)** _____

<p>CLAIMING</p> <p>MAIDEN CLAIMING</p> <p>\$0 - \$4,999</p> <p>\$5,000 - \$7,500</p> <p>\$7,501 - \$9,999</p> <p>\$10,000 - \$19,999</p> <p>\$20,000 - UP</p> <p>ALLOWANCE</p> <p>STAKES</p> <p>MAIDEN RACE</p> <p>TRIAL</p>	
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RESIDENT HORSE SHIPPED IN FOR RACE

TRACK CONDITION (CHECK ONE)

TURF → FAST GOOD YIELDING SOFT

DIRT → FAST WET-FAST GOOD SLOW MUDDY SLOPPY SEALED

EUTHANIZED? YES NO **EUTHANASIA AGENT** _____

SUBMIT FOR TOXICOLOGY? YES NO **LIVER** **HAIR** **LUNG** **EYE** **OTHER** _____

CLINICAL FINDINGS, DIAGNOSIS, ADDITIONAL HISTORY: