



**National Equine  
Adjusting, Inc.**

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Nicholasville, KY 40356  
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Fax: 502.875.3281  
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## NECROPSY REPORT

Claim Number: \_\_\_\_\_

Attending:

1. Owner:  
Name of animal: \_\_\_\_\_  
Age & Sex: \_\_\_\_\_  
Color of animal: \_\_\_\_\_ Tattoo or Brand: \_\_\_\_\_
2. Date and time of necropsy: \_\_\_\_\_
3. Names of all participating veterinarians: \_\_\_\_\_
4. History and symptoms: \_\_\_\_\_
5. Findings: Use back of form if additional space is needed.

6. Cause of death: If euthanasia, cause of problem requiring euthanasia. \_\_\_\_\_

7. Were tissues taken for histopathology, toxicology or other tests?  
YES NO Explain, if applicable. \_\_\_\_\_

8. Were photographs taken? YES NO \_\_\_\_\_

I, the undersigned, a graduate veterinarian \_\_\_\_\_(degree), do hereby declare the above particulars are to the best of my knowledge and belief true and accurate and that no information which ought to be given has been withheld by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN AS SOON  
AS POSSIBLE VIA EMAIL TO:

Address: \_\_\_\_\_

**Email: [claims@nationalequine.net](mailto:claims@nationalequine.net)**

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