

**RACETRACK EQUINE NECROPSY SUBMISSION FORM**

**Indiana Animal Disease Diagnostic Laboratories**

**ADDL at Purdue University**

406 S University St  
West Lafayette, IN 47907-2065  
P: 765-494-7440 F: 765-494-9181

**Heeke ADDL - SIPAC**

11367 E Purdue Farm Road  
Dubois, IN 47527-9666  
P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY # PAGES:

DELIVERED:

- Drop-Off
- 

ADDL BARCODE

\*\*\*PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE\*\*\*

**SUBMITTING RACETRACK:**

Name \_\_\_\_\_  
Primary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

**OWNER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

**ATTENDING VETERINARIAN:**

Name \_\_\_\_\_  
Indiana License # \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**TRAINER / PRIMARY CONTACT:**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**ANIMAL:**

Name \_\_\_\_\_  
Tattoo/Chip # \_\_\_\_\_  
Color \_\_\_\_\_ Age \_\_\_\_\_

**EMAIL RESULTS TO:**

\_\_\_\_\_  
\_\_\_\_\_

- Bill to Racetrack
- Bill to Third Party

Third Party Name \_\_\_\_\_

Third Party Phone \_\_\_\_\_

**INJURY RELATED INFORMATION:**

**Track Information:**

- Turf
- Synthetic
- Main-dirt
- Training-dirt
- Harness

Track where injury occurred: \_\_\_\_\_

Location on track where the injury occurred: \_\_\_\_\_

**Injury Related To:**

- Running of race
- Training
- Non-Exercise
- Other: \_\_\_\_\_

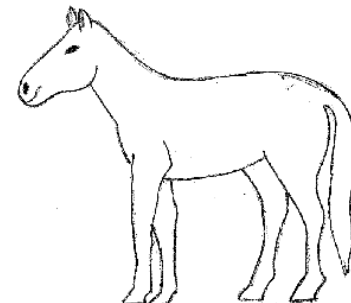
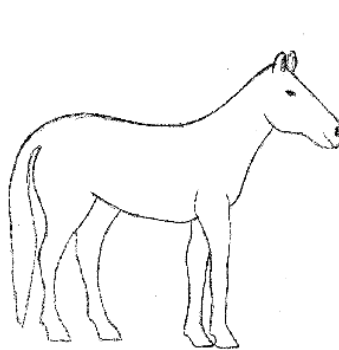
**Was There Human Injury:**

- Yes
- No
- Unknown

As the responsible party, I certify that the information contained on this form is accurate and true.

Signature of Responsible Party and Date: \_\_\_\_\_

Draw Markings & Indicate Lesion or Fracture Location(s) on Sketches Below



**Breed:**

- Thoroughbred
- Quarter Horse
- Standardbred
  - Pacer
  - Trotter
- Other \_\_\_\_\_

**Sex:**

- Male
- Female
- Male - Neutered
- Female - Spayed

**Remains Disposition:**

- ADDL
- Other \_\_\_\_\_

Weight: \_\_\_\_\_

**INVESTIGATION FINDINGS: (include history, suspected cause of death/injury)**

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Please attach additional pages if needed.

Visit us at [www.addl.purdue.edu](http://www.addl.purdue.edu)