

STATE OF CALIFORNIA  
 CALIFORNIA HORSE RACING BOARD  
 NECROPSY SUBMISSION FORM  
 CHRB-72 (Rev. 06/04)

CAHFS - Davis  
 620 W. Health Sciences Dr.  
 Davis, CA 95616  
 Phone. (530) 752-8709  
 Fax. (530) 752-7170  
 chrbnecropsy.davis@ad3.ucdavis.edu

CAHFS - San Bernardino  
 105 W. Central Ave  
 San Bernardino. CA 92408  
 Phone. (909) 383-4287  
 Fax. (909) 884-5980  
 chrbnecropsy.sanb@ad3.ucdavis.edu

CAHFS - Tulare  
 18830 Road 112  
 Tulare, CA 93274  
 Phone. (559) 688-7543  
 Fax. (559) 686-4231  
 chrbnecropsy.tulare@ad3.ucdavis.edu

Additional necropsy examination(s) that exceed the standard necropsy or equine special necropsy required by and provided through the California Horse Racing Board (CHRB) are the responsibility of the requesting individual (SEE REVERSE SIDE).

**When a horse dies or is euthanized and the CHRB Official Veterinarian is not available;** the owner's or trainer's attending veterinarian must phone the laboratory within one hour and fax this completed Necropsy Submission Form to the laboratory. A copy of the completed Necropsy Submission Form must be given to the CHRB Official Veterinarian on the official Veterinarian's next scheduled work day.

Delay of necropsy makes some test results questionable in value. A necropsy will not be performed until the following information has been provided:

Name of CHRB Official Veterinarian			Name of Horse			Name of Owner(s)		
Track Name			Age (years)		Breed	Address		
Address			Sex	Castrated		City	State	Zip Code
City	State	Zip Code	Tattoo	Yes# _____		Phone		
Phone			No. Color and markings			Multiple Owner's	Yes	No
						Unknown		

Name of Attending Veterinarian			Name of Trainer			Trainer License #		
Address			Address					
City	State	Zip Code	City	State	Zip Code			
Phone			Phone					
or								
Signature (electronically signed or typed)								

Medications:						Turf	Synthetic	Main-dirt	Training-dirt
Track where injury occurred		Location on track where injury occurred							
History:	Died	Euthanized	Agents used for Euthanasia		Date of death	Time of death			
						a.m.	p.m.		
Horse insured:	Yes	No	Unknown	Human Injury:	Yes	No	Unknown		

Clinical findings & diagnosis:

The injury is related to one of the following:      Running of the race      Training      Non-exercise related      Other

Updated form?

Signature of CHRB Official Veterinarian

Date

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## REQUEST FOR ADDITIONAL NECROPSY EXAMINATION(S)

I accept financial responsibility for all charges from the California Animal Health and Food Safety Laboratory System for the additional necropsy examination(s) requested below which exceed the standard necropsy or equine special necropsy required by and provided through the California Horse Racing Board.

Additional necropsy examination(s) requested:

Full insurance examination required by insurance company:

Yes

No

\_\_\_\_\_  
 Insurance Company

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Fax

Additional Owner Information:

\_\_\_\_\_  
 Name of Owner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Name of Owner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date