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Veterinary Forensics Team

Milwaukee Area Domestic Animal Control Commission

3839 W. Burnham Street, West Milwaukee, WI 53215

414-649-8640

[www.madacc.org](http://www.madacc.org)

**Veterinary Forensics Examination Request Form**

IMPORTANT!!! MADACC has limited resources for performing Forensic Veterinary Exams. If you need toxicology, bloodwork, toxin panels, microscopic pathology, etc. you will need to contact:

Wisconsin Veterinary Diagnostic Laboratory

445 Easterday Lane, Madison, WI 53706

608-504-2594

Your agency will need to have an account set up or pay directly for services. **MADACC does not have an account for law enforcement use**. Transportation of the remains will need to be done by the requesting party to the State Lab.

Questions to be answered prior to a Veterinary Forensic Exam (use 1 sheet per animal):

Case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What questions does the agency hope to have answered by the examination?:

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Are photographs needed? Yes No If yes, requesting officer will need to pick up at MADACC with a suitable portable memory drive.

Veterinary Forensic Exams are only suitable for animals that:

* Are emaciated
* Have visible wounds
* Have broken bones
* Have known owner(s)
* Have known suspect(s)
* Suffering gunshot or stab wounds
* Have visible signs of illness or neglect
* Have not decomposed

Animal name, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species:  Dog  Cat  Other – list:

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was animal scanned for microchip?

Living  Deceased

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex:  Male  Female  Unknown

Yes No

Microchip number, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any medical records or radiographs, police reports, photographs, scene notes, body camera videos, or other information, please provide.

Date and time animal was last seen alive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time body was found: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who found it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of the body when found (e.g. on left or right side, on back, on belly, other):

Describe the scene:

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

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Was food, water, and adequate shelter present? Yes No

Were any medications present? Yes No

If YES, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition of the body when found:

Warm to touch  Cold to touch  Stiff/Rigid  Flexible/Limp

Insects or maggots present. If so, were any collected? Yes No

Found  inside  outside

If outside, was there adequate shelter from sun/rain? Yes No

Please provide any additional information below:

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

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