



Genetic Preservation Biopsy Information Form

(Please complete & return with biopsy samples)

Client Name: _____

Veterinarian: _____

Animal Name: _____

Biopsy Date: _____

Species: _____

Sex: _____

Breed: _____

Age: _____ Wt. (lbs): _____

Health Status: Healthy Deceased Other: _____

Mark plane of anesthesia used (if any):

- None
 Light Sedation
 Moderate-Heavy Sedation
 General Anesthesia

Local Anesthesia Used:

- Lidocaine
 Bupivacaine
 Other: _____

All Injectable/Inhalant Anesthetics Used (if any): _____

Skin Biopsy Site

Vial 1: _____

Vial 2: _____

Vial 3: _____

Vial 4: _____

If animal is deceased or euthanized, provide detailed information below:

Date and Time of Death: _____

Storage Condition of Body Postmortem:

- Room Temperature
 Refrigerator
 Freezer

Duration: _____

Storage Condition of Biopsies prior to sending to lab:

- Room Temperature
 Refrigerator
 Freezer

Duration: _____

Additional Notes: _____

For Veterinarian Use Only:

Would you like to register to be a referral Veterinarian? YES NO

If YES, please provide your preferred contact information below and you will be added to our online referral list.

Name: _____

Clinic Name: _____

Address: _____

Phone Number: _____

Email & Website: _____

Comments regarding biopsy process: _____