



Appendix 1 –

Release of Animal Remains or Specimens* from the Necropsy Facility for Cremation

PDS # _____

Clinic case # or other case ID _____

I understand that Prairie Diagnostic Services Inc. (PDS) does not usually release Animal Remains or Specimens* from the Necropsy Facility for Cremation.

I understand that PDS will NOT release Animal Remains or Specimens* from the Necropsy Facility for burial or any other “after care” purpose directly to owners, clients or their representatives.

I understand that if a Risk Group 3 or zoonotic pathogen and/or a chemical or toxin of concern is suspected or known to be present in the Animal Remains or Specimens, that they will NOT be Released from the Necropsy Facility for Cremation. A Risk Assessment will be performed, which may involve the University of Saskatchewan Biosafety Officer and/or other subject matter experts, prior to granting final approval for Release of Animal Remains or Specimens* from the Necropsy Facility for Cremation.*

I understand that materials submitted to the Necropsy Facility along with Animal Remains or Specimens, such as collars, blankets, toys and other similar items, will NOT be Released from the Necropsy Facility for Cremation.*

I release and indemnify PDS from all claims that may arise should these Animal Remains or Specimens*, upon release from the Necropsy Facility for cremation, become directly or indirectly associated with disease transmission to humans and/or animals and/or harm to the environment.

I have read, understand and agree to the terms and conditions described within this document.

As the Veterinary Clinician, I am requesting that PDS personnel facilitate the Release of Remains or Specimens* from the Necropsy Facility for cremation IF a Risk Assessment and approval are granted by the Diagnostic Specialist following completion of the necropsy examination.
I have explained the above terms and conditions to my client.

Date

Signature

Address of Veterinarian (Clinic)

For Necropsy Facility Use only:

As the Diagnostic Specialist who performed/reviewed the necropsy examination and Risk Assessment for this PDS case:

- I authorize release of animal remains from the Necropsy Facility for cremation.
- I DO NOT authorize release of animal remains from the Necropsy Facility for cremation.

Date

Signature

* **Specimens** - cadaver portions such as internal organs, bone, hair, hooves and/or other tissues