



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

PDS # _____

Clinic case # or other case ID _____

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.

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 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 Veterinarian or designate, I am requesting the Release of Remains or Specimens* from the Necropsy Facility for cremation IF approval is granted by the Diagnostic Specialist following completion of the necropsy examination.

I have explained the above terms and conditions to my client.

Date

Signature (Veterinarian or designate)

Address of Veterinarian (Clinic)

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

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 (Diagnostic Specialist or designate)