



**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)