

Deceased Animal Disposition Form

Thompson Bishop Sparks State Diagnostic Laboratory PO Box 2209 Auburn, Alabama 36831-2209 Phone 334-844-4987 / Fax 334-844-7206		UPS/FedEx Courier Address: 890 Simms Road Auburn, AL 36830	Mammal ___ Cattle/ Bovine BO ___ Goat/ Caprine CP ___ Horse/ Equine EQ ___ Sheep/ Ovine OV ___ Pig /Porcine PO ___ Dog/ Canine CA ___ Cat/ Feline FE ___ Deer/ Cervid CV ___ Mammal, Other MO Avian ___ Chicken/ AC ___ Turkey AT ___ Quail AQ ___ Raptor AR ___ Psittacine AP ___ Avian, Other AO	Auburn Case # (Lab Use Only) Date (Lab Use) Charge N/C Paid: Mail UPS FedEx Bus Veterinarian Owner Other	
Submitter		Vet License/Account #			
Address					
City/State		Zip			
County (animal origin)	Phone	Fax			
Veterinarian/ Researcher (if applicable)		Phone #			
Address / Organization					
Clinic Case #		Owner Name			
<p style="text-align: center;">Animals submitted for final disposition must be completely identified. This form must be completed and signed.</p> <p>1. One animal per form or attach multiple animal listing form.</p> <p>2. Remove all collars, medical bandages, personal material from or with the body, such as blankets or toys.</p> <p>3. Fully identify the animal, including any clinical case number.</p> <p>I, the undersigned,</p> <ul style="list-style-type: none"> • certify that I am the owner (or duly authorized agent for the owner) of the animal described to the right and that I request final disposition of the body of the animal • certify that to the best of my knowledge, the animal has not bitten any person or animal during the last ten (10) days, and has not been exposed to rabies; and • I understand that animal remains WILL NOT be returned <p><input type="checkbox"/> I request certification of final disposition (\$10 additional fee)</p>		Specimen			
		___ Carcass ___ Tissue		Disposal	
		Animal Name / ID		Requests (Lab Use) <input type="checkbox"/> Continued on back <input type="checkbox"/> Add'l info attached	
		Breed			
Sex		Cause of death			
Color/ Markings		Weight			
Owner/ Authorized Agent Signature _____ Date _____					
I certify that the animal described above was disposed of by:		___ alkaline hydrolysis ___ incinerator ___ renderer ___ other			
Date of Disposition		Attendant			