

## PERMISSION FOR EUTHANASIA, NECROPSY AND DISPOSAL OF REMAINS

Owner/Agent (print name): \_\_\_\_\_

Animal ID/Name/Species: \_\_\_\_\_

Submitting Vet/Clinic/Investigator: \_\_\_\_\_

The decision to proceed with euthanasia, necropsy or cremation is an important one. Please be aware that ashes can be returned by the cremation service that you select, but remains or other materials from or with the animal (e.g. collar, ID tags, hair from animal, etc.) cannot be returned once received by the VDL. We do not provide clay paw prints, nor can we allow anyone to make them after the animal is in Necropsy due to our biosafety and biosecurity policies.

As owner or agent of the animal(s) present for this case, I authorize the Veterinary Diagnostic Laboratory (VDL) staff to proceed as follows:

1. \_\_\_\_\_ **Euthanasia:** I authorize the VDL to euthanize/kill the animal(s) using humane, approved procedures.  
**(for SDI/Research only) DATE OF SCHEDULED EUTHANASIA:** \_\_\_\_\_

2. **Necropsy (autopsy):**

- a. \_\_\_\_\_ I authorize the VDL to complete a necropsy and to allow the examination to be used for teaching, scientific study, and diagnostic purposes within the College of Veterinary Medicine.  
b. \_\_\_\_\_ I decline the option of necropsy.

3. **Disposition of animal remains:**

- a. \_\_\_\_\_ I authorize the VDL to dispose of the remains using **MASS** cremation. I understand the remains/ashes cannot be returned to me.  
b. \_\_\_\_\_ I assume responsibility for selecting and arranging **INDIVIDUAL** cremation of the remains of the animal(s). I understand that the cremation service will return the ashes to my vet clinic or to me according to the agreement I make with them. I understand that I have **5 business days** to provide the VDL with the information needed to submit the animal for individual cremation to the outside provider of my choice or it will be mass cremated.  
c. \_\_\_\_\_ I understand that if I do not make a cremation decision today, the VDL will hold **small animal** remains (dog, cat and other small species) for **5 business days**. Large companion animal remains **will not be held** unless specific **arrangements** are made with VDL personnel. **If I do not provide specific instructions**, the animal remains will be disposed of using MASS cremation (ashes will not be returned to the owner/agent).

4. **Rabies Testing:**

- a. \_\_\_\_\_ This is **NOT** a rabies examination. I certify that to the best of my knowledge, the above animal(s) has/have NOT bitten a person or another animal in the past 10 days and the animal(s) has/have NOT been exposed to rabies.  
b. \_\_\_\_\_ This is a **rabies** examination. I understand that if the animal is confirmed positive for rabies by Minnesota Department of Health, **INDIVIDUAL** cremation will NOT be allowed due to risk of exposure. If the rabies status cannot be determined by testing due to an unsatisfactory sample, release of remains for individual cremation will be decided on a case by case basis.

5. **Fees:** The costs of euthanasia (if applicable) and necropsy have been explained to me. I will make payment in full at drop off.

**OWNER/AGENT:** Signature \_\_\_\_\_

Date \_\_\_\_\_

**ATTENDING STAFF:** Print name \_\_\_\_\_

Date \_\_\_\_\_

Place Label Here	Case Number: _____
	Pathologist: _____
	Date: _____