

# Deceased Animal Disposition Form

<b>Thompson Bishop Sparks State Diagnostic Laboratory</b> PO Box 2209 Auburn, Alabama 36831-2209 Phone 334-844-4987 / Fax 334-844-7206		<b>UPS/FedEx Courier Address:</b> 890 Simms Road Auburn, AL 36830	<b>Mammal</b> ___ 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  <b>Avian</b> ___ Chicken/ AC ___ Turkey AT ___ Quail AQ ___ Raptor AR ___ Psittacine AP ___ Avian, Other AO	<b>Auburn Case # (Lab Use Only)</b>  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;"><b>Animals submitted for final disposition must be completely identified. This form must be completed and signed.</b></p> <p><b>1. One animal per form or attach multiple animal listing form.</b></p> <p><b>2. Remove all collars, medical bandages, personal material from or with the body, such as blankets or toys.</b></p> <p><b>3. Fully identify the animal, including any clinical case number.</b></p> <p><b>I, the undersigned,</b></p> <ul style="list-style-type: none"> <li>• <b>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</b></li> <li>• <b>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</b></li> <li>• <b>I understand that animal remains WILL NOT be returned</b></li> </ul> <p><input type="checkbox"/> <b>I request certification of final disposition (\$10 additional fee)</b></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				
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		
		Weight		