

Animal Disposition Form

Please euthanize the following animals:

Principal Investigator: _____

Protocol #: _____ Species: _____

Room: _____ # of cages: _____ # of animals: _____

Animal ID #'s: _____

Name of requestor (printed): _____

Name of requestor: (signed) _____

Extension: _____ Date: _____

Before the DCM staff can complete this request, all cage cards of animals that are to be euthanized must be marked by the Principal Investigator or their designee with a large "S".

**Please return this form to the DCM Main office, Room # BSB 9-006,
Box # 47 or fax to 718-270-4095.**

If you have any questions, please contact the DCM Main office @ ext. 1194/5.

DCM USE ONLY

Date form Rcvd by DCM: _____ Billed: Euthanasia Carcass Disposal

Given to Caretaker: _____ Date: _____

Caretaker sign/date when completed _____

Removed from RPM: Total #: _____ Date/Initial: _____