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**UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE
DEPARTMENT OF
PATHOBIOLOGY**

LAB USE ONLY
PATH # _____
DATE: _____

REFERRAL CLINIC/OWNER INFO:
CLINIC NAME: _____
ANIMAL NAME: _____
OWNER NAME: _____
OWNER PHONE: _____

**POSTMORTEM EXAMINATION
CREMATION/BODY DISPOSAL RELEASE**

**I certify that I am the owner or authorized agent of the owner of the above named animal. I release the above named animal to the University of Tennessee's Veterinary Teaching Hospital:
(Please complete all boxes below, sign and date appropriate at the bottom of the form)**

Perform a Postmortem Examination: ___ Yes ___ No (Clinician must complete Necropsy Request Form)

Disposition of Body: (Select A, B or C) A. Veterinary Teaching Hospital will dispose of the body B. Cremate the body (Owner/Agent initial option below): Release of body to (Circle Name of Service picking up body) for Cremation and handling of remains: _____ Resthaven (Initials) Total Pet Services Yeargan Pet Burial Other: _____
PLEASE NOTE: Arrangements for collection of the body and return of ashes must be made by the owner/agent. These services will be billed by and payable to the company circled above. ****Due to limited space bodies can not be held by UTCVM longer than 3 days***

To the best of my knowledge, the information I have provided on this form is true. I understand that my wishes will be carried out upon signing this agreement.

I hereby release the Department of Pathobiology of the University of Tennessee College of Veterinary Medicine, their agents, and representatives from any and all liability for the above stated animal.

I have read and understand this consent.

OWNER/AGENT SIGNATURE: _____ DATE: _____ OR
OWNER/AGENT VERBAL/TELEPHONE RELEASE OBTAINED BY: _____

DATE:

AND:

WITNESS' SIGNATURE _____

DATE: