

ANIMAL EUTHANASIA REQUEST FORM

Investigator: _____ Department: _____

Species: _____ Room Number: _____

Number of Animals: _____ Save Carcass? Yes _____ No _____

Signature: _____ Date: _____

.....
CBR USE ONLY

Date of Euthanasia: _____

Initials: Performer: _____ ***Supervisor:*** _____

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**ANIMALS WILL NOT BE EUTHANIZED UNTIL THIS FORM IS COMPLETELY
FILLED OUT AND SUBMITTED TO A MEMBER OF THE CENTER FOR
BIOMEDICAL RESEARCH.**

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