

Final Disposition Record

Date: _____ PI: _____
 Completed by: _____ Protocol# _____
 Animal(s) ID#: _____
 Facility/ Location (housing): _____ Species / Sex: _____

Select from one of the following: Notes and Details:
 Animal Transfer, Transfer form attached : _____
 Adoption, Adoption form attached: _____
 Tissue Sharing, Tissue Sharing form attached: _____

Complete when final disposition is for a deceased animal:

Deceased During Procedure/ Anesthesia Procedure/anesthesia record attached: _____
 Found Deceased

List: method of euthanasia and associate drugs used include drug, route, dose, time, initials include	
<input type="checkbox"/> Euthanasia <input type="checkbox"/> Non-Survival Procedure	

Animal submitted to necropsy? No Yes, submission by/ date _____

Necropsy report attached

Review and verification of final disposition requires two signatures

Date	Name (Print)	Signature
	Completed by:	
	Veterinarian:	

Comments: