UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

AUTHORIZATION FOR DIAGNOSTIC SERVICES AND DISPOSITION OF REMAINS

Owner: _____ **Animal ID/Name**: _____

_____ (initial) I understand that I am financially responsible for all testing requested or added to the original submission that is necessary to reach a diagnosis. I understand that submitting my animal for necropsy does not guarantee a cause of death will be determined and that I will be responsible for the charges regardless of the outcome.

Or

_____ (initial) My animal was submitted for necropsy as part of a disease surveillance program. I understand that as part of a disease surveillance program, the CVMDL will conduct testing necessary to determine if my animal is infected with or carrying a particular disease. I also understand that I am financially responsible for any testing added to the original submission that is necessary to reach a diagnosis which is outside of the parameters covered by the surveillance testing program. The testing parameters of the disease surveillance program and the costs covered by that program have been explained to me. I further understand that a necropsy does not guarantee a cause of death will be determined and that I will be responsible for the charges regardless of the outcome.

_____ (initial) I have been given an estimate of $ _____ to $ _____. In the event that testing required will exceed this estimate, I will be notified by the CVMDL. Charges not collected today will be sent in an invoice once your case has been finalized.

Disposition of Remains:

_____ (initial) I understand that the body of my animal, once admitted to the CVMDL for necropsy, cannot be returned to me due to the dangers of potentially harmful organisms, chemicals, or other substances potentially dangerous to plants or animals, including humans. I understand that for an additional fee, I may have my animal privately cremated and the ashes returned to me.

☐ I would like to have my animal privately cremated and the ashes returned to me. I understand that I must make arrangements with the crematorium for my choice of an urn or a tin, and that there will be a fee for these services billed directly to me by the crematorium. I understand that these fees are not included in the price quote presented to me above. I understand that CVMDL will send the remains to Final Gift unless I specify otherwise.

Please use this crematorium instead of Final Gift: _____.

☐ I choose NOT to have a private cremation for my animal. I understand that there will be no return of ashes and that there is no additional cost for this service.

☐ I am undecided. I understand that my animal will be held at Final Gift and they will contact me for my final decision.

Reporting:

_____ (initial) Due to the technical nature of our reports, when provided, CVMDL will report to your veterinarian. Please contact your veterinarian for interpretation of reports. The CVMDL cannot maintain contact with multiple parties by phone; however, written reports can be provided to up to three parties.
Please "N/A" if you do not wish your vet to receive a copy of the report.

_____ (initial) Consultation with a CVMDL pathologist is available by appointment for an additional fee.

Signature: _____ Date: _____

Signature: _____ Date: _____
CVMDL Staff