



Veterinary Diagnostic Laboratory  
 College of Veterinary Medicine  
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*Affix VDL Case Label Here*

## ANIMAL REMAINS RETURN AND CREMATION FORM

ANIMAL ID: \_\_\_\_\_ OWNER: \_\_\_\_\_

RDVM/CLINIC: \_\_\_\_\_ CASE COORDINATOR: \_\_\_\_\_

BREED/SPECIES: \_\_\_\_\_

### REMAINS RETURN AND CREMATION POLICY

By submitting a sample, specimen, or animals to the University of Illinois College of Veterinary Medicine Veterinary Diagnostic Laboratory (ILVDL) you agree with the policies of the State of Illinois and the ILVDL and to transfer ownership of samples and property to the ILVDL. The submitter is responsible for all fees associated with the submission. Specimens and results may be used for teaching and/or research purposes. ILVDL retains the right to refuse any sample that may pose a risk to laboratory personnel. No human samples are accepted. ILVDL reserves the right to refuse the release of remains for any reason. Release of remains is authorized by the coordinating pathologist. This will occur after 3-5 business days from the date of necropsy (unless placed on hold by the pathologist for additional testing). Remains are released only to a licensed crematory service, owner, or authorized agent unless by prior written agreement – ILVDL does not perform private cremations. If private cremation is desired, those services and transportation of remains to the crematory must be arranged by the owner or authorized agent. ILVDL does not ship remains. ILVDL will hold the remains for a maximum of 15 business days after necropsy. After 15 days the ILVDL will attempt to contact the owner/representative (ILVDL will attempt on 3 separate days). If contact cannot be made, ILVDL reserves the right to dispose of remains.

### REQUIRED CONTACT INFORMATION:

Owner or authorized agent (individual requesting remains return):

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### DISPOSITION OF REMAINS:

- PICK UP BY OWNER
- PICK UP BY CREMATORY
  - CREMATORY NAME: \_\_\_\_\_
  - CREMATORY PHONE/CONTACT: \_\_\_\_\_
- PICK UP BY OTHER (NAME AND CONTACT): \_\_\_\_\_

**POLICY ACKNOWLEDGEMENT:** By signing below, the undersigned has read, understands, and accepts the ILVDL remains return and cremation policy.

\_\_\_\_\_  
 OWNER OR AUTHORIZED AGENT – PRINT NAME

\_\_\_\_\_  
 OWNER OR AUTHORIZED AGENT – SIGNATURE

\_\_\_\_\_  
 DATE