

COMPARATIVE MEDICINE ANIMAL EUTHANASIA REQUEST

Investigator's name: _____ Protocol No.: _____

Special hazards to personnel: _____

Code on which animals are being charged: _____

Species: _____ Animal I.D. Number: _____

Total number of animals to be euthanized:

Date: _____
Signature of Investigator or Person Requesting Animal Euthanasia

Date: _____
Signature of Comparative Medicine Employee Euthanizing Animals

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