

Animal Disposition Form

Please euthanize the following animals:

Principal Investigator: _____

Protocol #: _____ Species: _____

Room: _____ # of cages: _____ # of animals: _____

Animal ID #'s: _____

Name of requestor (printed): _____

Name of requestor: (signed) _____ Date: _____

Email of requestor: _____ phone: _____

Before the DCM staff can complete this request, all cage cards of animals that are to be euthanized must be marked by the Principal Investigator or their designee with a large "S".

Please return this form to the DCM Main office, Room # BSB 9-006, Box # 47 or fax to 718-270-4095. If you have any questions, please contact the DCM Main office @ x 1194.

DCM USE ONLY:

Given to Caretaker: _____ Date: _____

Caretaker sign/date when completed _____

Removed from RPM: Total #: _____ Date/Initial: _____