



Cremation/Incineration Form

LABORATORY

DATE OF ARRIVAL : _____

مختبر أبحاث
السطح
البيطري
المركزي

OWNER'S NAME : _____

SPECIMEN

ADVICE

ADDRESS : _____

TEL. NO. _____ FAX NO. _____

EMAIL: _____

SPECIES : _____

ANIMAL'S NAME : _____

WEIGHT OF THE ANIMAL: _____

SENDER'S NAME: _____

POSTMORTEM REQUESTED: YES NO (IF YES, ALSO FILL THE GENERAL REQUISITION FORM FOR PM)

CREMATION (ASHES BACK)

NORMAL

INDIVIDUAL

DISPOSAL (NO ASHES BACK)

ASHES:

POWDER

BONES

URN PROVIDED BY:

SENDER

CVRL

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

OFFICE USE

DATE OF CREMATION: _____

SIGNATURE : _____

DATE OF ASH COLLECTION: _____

SIGNATURE: _____

INVOICE: _____

PAID

NOT PAID

MONTHLY

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