

Animal ID	
DOB:	Date of Acquisition:
Species:	Gender:

Disposition Form
Washington State University

Date of Disposition _____
Principal Investigator _____

ASAF (if animal is euthanized for specific project): _____

Estimated or actual weight _____

Manner of Disposition: Euthanized Died Transferred

- If euthanized describe method including drug names (including anesthetic drugs), dose and route (use table and lines below) and confirmation of death.
- If transferred, all mandatory forms and approval must go through the IACUC (describe in lines below manner of transfer: another ASAF, private treaty, sales yard, other institution)
- _____

Drug Name	Dose (mg or mls)	Route (IV, IM, IP, IC)	Initials of person administering

- Describe the method of carcass disposition (rendered, incinerated): _____

Etiology or reason for euthanasia or death:

- Euthanasia _____

- Death (include clinical course of the preceding 24 hours):

Tissue/Fluid Collection (Y/N?)

- If tissue was collected describe all tissue collected and reason for collection.

Necropsy performed (Y/N?)

- Results of necropsy summarized:

- Probable cause of death: _____

Veterinarian Signature/Date _____

Authorized Agent Signature/Date _____

All medical records must be maintained for the duration of the animal study plus 3 years after the final disposition