

AUTHORIZATION OF EUTHANASIA

Emory University School of Medicine

Division of Animal Resources

Whitehead Biomedical Research Building
615 Michaels Street, Suite G02
Atlanta, Georgia 30322

Phone: (404) 727-7423
FAX: (404) 727-3212

The animals identified below are to be disposed of in a responsible manner. They may be killed in a humane way, by an approved method.

FROM: _____
Investigator *Department*

DATE: _____

Species: _____ Strain: _____

Location: _____
Building *Room Number* *Rack
or Cubicle*

ID: # _____ # _____ # _____ # _____ # _____
Animal Identification Numbers or Cage Card Numbers

Investigator

Comments: _____

Number of Animals: _____ **or** Number of Cages: _____

Signature of Investigator: _____ Account Number: _____

Date Request Received: ____ / ____ / ____ Date Complete: ____ / ____ / ____

Technician: _____

To Be Billed: (*circle one*) Yes No Rate: \$ _____
Total To Be Billed: \$ _____ Date Billed: _____

This form may be hand-delivered or faxed to the DAR office and will be dated upon receipt by the office. Animals will be removed from your census the following day.