AUTHORIZATION OF EUTHANASIA
Emory University School of Medicine
Division of Animal Resources

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.

1/6/06