

KORD ANIMAL HEALTH DIAGNOSTIC LABORATORY WAIVER AND RELEASE OF REMAINS FOR CREMATION

I, _____, certify that I am at least 18 years of age and am the owner or authorized agent for the owner of the animal remains identified herein. I hereby grant permission to the Kord Animal Health Diagnostic Laboratory (KAHDL) to release said remains to the private crematory service provided below or to otherwise dispose of such remains according to laboratory protocol in the interest of the public welfare, health, or safety.

I hereby agree to pay the \$50 non-refundable service fee to KAHDL and understand that this fee does not include any charges or fees that may be issued by the crematory. I understand that KAHDL will not perform a cosmetic autopsy and that the remains will not be suitable for viewing. I warrant that I will not remove or release the remains from the container from which they were received from KAHDL.

I hereby permit KAHDL to dispose of all remains according to protocol if the crematory fails to retrieve the remains within **15 days** after being notified that such remains are available for release. I understand that animal remains are a potential biological hazard that may pose a serious risk of illness or death to myself and others if not properly handled and destroyed. I hereby release and hold harmless the State of Tennessee from all claims and causes of action that I, my heirs, or assigns may have arising directly or indirectly from receipt, transportation, handling, storage, cremation, and disposal of all animal remains, including but not limited to any claims for personal injury, medical expenses, and wrongful death.

Crematory Name	Crematory Phone	Animal Name/Identification
Owner/Agent Signature	Date	Veterinarian/Clinic

CREMATORY

I, _____, certify that I am at least 18 years of age and that I am an authorized agent of a private crematory service authorized to receive and cremate animal remains in the State of Tennessee. I hereby warrant that the crematory shall not release non-cremated remains to any individual or entity. I agree that the container or package containing remains shall be unopened and sealed at all times and in no event shall any remains be removed or released from said container or package.

I understand that animal remains are a potential biological hazard that may pose a serious risk of illness or death to myself and others if not properly handled and destroyed. I hereby release and hold harmless the State of Tennessee from all claims and causes of action that the crematory, or I, my heirs, or assigns may have arising directly or indirectly from receipt, transportation, handling, storage, cremation, and disposal of all animal remains, including but not limited to any claims for personal injury, medical expenses, and wrongful death.

Agent Signature	Date	Crematory Name
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DEPARTMENT USE ONLY

<p>Notification: Date & Time: _____ Message Left: _____ Crematory Contact: _____ KAHDL Employee: _____</p>	<p>Remains released: Date: _____ Time: _____ KAHDL Employee: _____</p>
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