



Arkansas Veterinary Diagnostic Laboratory  
1 Natural Resources Drive  
Little Rock, AR 72205  
(501) 823-1730  
agriculture.arkansas.gov

LAB USE ONLY

Case ID: \_\_\_\_\_

## PET LOSS – PRIVATE CREMATION RELEASE REQUEST

For public health and safety reasons, Arkansas Veterinary Diagnostic Laboratory (ARVDL) cannot release animal remains directly to pet owners, veterinarians, or case submitters.

If you would like private cremation, ARVDL will release the remains **only** to the licensed pet cremation service that you designate on this form below.

ARVDL routinely incinerates all animal remains after the necropsy process. If private cremation is not requested, the remains will be incinerated by ARVDL, and **no ashes will be returned**.

### Submitters requesting private cremation:

Submitters must contact the cremation service of their choice directly to arrange for private cremation and payment and notify ARVDL within 24 hours of submission. Please indicate the selected provider below, and ARVDL will notify them when the remains are ready for release. For safety reasons, remains will be held for up to three days after the cremation service has been notified. If the cremation service does not collect the remains within this timeframe, they will be incinerated with other remains.

Clinic or Vet \_\_\_\_\_ Owner Name \_\_\_\_\_

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

☐ I **DO NOT** want private cremation for my pet. I understand that my pet's ashes will not be returned.

☐ I **DO** want a private cremation for my pet. I understand that I am responsible for making arrangements with a pet cremation service **WITHIN 24 HOURS OF SUBMISSION** to ARVDL.

**Please indicate the service you wish to handle your pet's remains.**

\_\_\_\_\_

By signing this form, I acknowledge: that if I do not select a private cremation option and make the necessary arrangements, the animal's remains will be disposed of by ARVDL through routine incineration.

\_\_\_\_\_  
Printed Name of Owner or Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send the completed form to [receiving@arkansas.gov](mailto:receiving@arkansas.gov)**