



OWNER RELEASE FORM

1. This is a diagnostic laboratory in which dead animals are examined to determine the cause of death or disease. Animals or parts thereof submitted to the KAHDL will not be returned to their owners or agents and will be cremated or disposed of in an appropriate manner for a fee of \$25.00 for every 250 lbs or part thereof.
2. The KAHDL does not test animals for rabies. Rabies testing is conducted by the Tennessee Department of Health (TDH). KAHDL will collect the appropriate samples and forward them to the TDH for testing. A necropsy fee may be applied as required by Tennessee code.
3. Tests performed on the animal are chosen at the discretion of the pathologist.
4. Euthanasia will be performed at the laboratory only for horses, livestock, poultry, and fish that are submitted for necropsy (not for disposal only). Live animals that pose a safety risk will not be euthanized; for such animals, the owner must make private arrangements for euthanasia.
5. Records generated by KAHDL are public records, which cannot be withheld from public disclosure if they are properly requested under Tennessee's public records act.
6. KAHDL uses the Technical Services Laboratory, Consumer and Industry Services Division, as a subcontractor for toxicology testing and assesses a fee for collection of samples, in addition to the necropsy fee. Testing is conducted at the discretion of the pathologist on the basis of necropsy findings, and the sample collection fee is nonrefundable even if no tests are performed. The owner/agent will be consulted prior to sample testing at any other subcontracted laboratory and is responsible for all sample testing and shipment costs.
7. Submitting samples, specimens, or animals to KAHDL implies agreement to policies of the State of Tennessee and KAHDL including subcontracting of tests and transfer of ownership of samples and property to KAHDL upon receipt unless otherwise determined by written agreement prior to submission.

I, the undersigned, do hereby certify that I am the owner, or duly authorized agent for the owner, of the animal submitted to the Kord Animal Health Diagnostic Laboratory for postmortem examination, and have read and understand the information presented herein.

Signed _____ Date _____

Print name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____