



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

Due to public health and safety concerns, we are unable to release pet remains to submitters, pet owners, or veterinarians. Pet remains will only be released to a pet cremation service.

**Submitters NOT requesting private cremation:**

We offer mass incineration of animal remains immediately following the necropsy. There is no extra charge for the incineration, and no ashes will be returned.

**Submitters requesting private cremation:**

Submitters must contact the cremation service directly to make arrangements for private cremation. We do not take payments for cremation services. Please indicate requested cremation service below. We will notify that service when the pet remains are ready to be released from the lab.

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

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

I **DO NOT** want a 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 the pet cremation service.

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

- Pet Cremation Services      (501) 831-4562      [www.petcremationsar.com](http://www.petcremationsar.com)
- Arkansas Pet Cremations      (501) 712-7387      [www.arkansaspetcremation.com](http://www.arkansaspetcremation.com)
- Gateway Memorial      (501) 353-2110      [www.gatewaypetmemorial.com](http://www.gatewaypetmemorial.com)

By signing this form, I acknowledge: If no cremation selection is made or if no arrangements are made by the submitter for private cremation, all animal remains will be disposed of by general incineration 14 days after the date of submission.

Printed Name of Owner or Representative	Signature	Date
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