

# TERMINATE

Date \_\_\_\_\_ Name \_\_\_\_\_ (Print)

Animal # \_\_\_\_\_ Name \_\_\_\_\_ (Signature)  
(if applicable)

Species \_\_\_\_\_ Strain \_\_\_\_\_

Hold for Necropsy \_\_\_\_\_ Discard \_\_\_\_\_

Euthanasia Performed by: \_\_\_\_\_