



CREMATION/INCINERATION REQUISITION FORM

To be filled by customer:

LABORATORY
مختبر أبحاث
السطح
البيطري
المركزي
**SPECIMEN
ADVICE**

DATE AND TIME OF SUBMISSION: _____

OWNER'S NAME: _____

SENDER'S NAME: _____

ADDRESS: _____

TEL/MOB: _____

EMAIL: _____

INVOICE TO: _____

SPECIES: _____ WEIGHT OF THE ANIMAL: _____

ANIMAL'S NAME/ID: _____

POSTMORTEM REQUESTED: NO YES (IF YES, ALSO FILL THE GENERAL REQUISITION FORM FOR PM)

<input type="checkbox"/> CREMATION (ASHES BACK)		<input type="checkbox"/> INCINERATION (NO ASHES BACK)
<input type="checkbox"/> NORMAL - BATCH CREMATION (3 - 5 WORKING DAYS)	<input type="checkbox"/> INDIVIDUAL - PRIVATE CREMATION (1 - 3 WORKING DAYS)	
ASHES:	<input type="checkbox"/> BONES <input type="checkbox"/> POWDER <input type="checkbox"/> MIX BONES & POWDER	
URN PROVIDED BY:	<input type="checkbox"/> SENDER <input type="checkbox"/> CVRL	
PRIVATE VIEWING:	<input type="checkbox"/> NO <input type="checkbox"/> YES DATE&TIME:	

CREMATION CERTIFICATE: YES, (105 AED INCLUSIVE OF VAT) NO

For CVRL use only:

DATE OF CREMATION: _____ SIGNATURE: _____

DATE OF ASH COLLECTION: _____ CLIENT SIGNATURE: _____

INVOICE NO: _____ LAB REFERENCE NO: _____

PAID NOT PAID MONTHLY OTHER REFERENCE NO: _____

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

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