



# CREMATION/INCINERATION REQUISITION FORM

***To be filled by customer:***

**LABORATORY**

DATE AND TIME OF SUBMISSION: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

SENDER'S NAME: \_\_\_\_\_

**SPECIMEN  
ADVICE**

ADDRESS: \_\_\_\_\_

TEL/MOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_

INVOICE TO: \_\_\_\_\_

SPECIES: \_\_\_\_\_ WEIGHT OF THE ANIMAL: \_\_\_\_\_

ANIMAL'S NAME/ID: \_\_\_\_\_

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

<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: .....

PAW PRINT  PAW PRINT WITH NAME

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

Note: By completing this requisition form, the customer is agreeing to the terms and conditions provided in CVRL website: <https://www.cvrl.ae/guidelines.php>

***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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