

Owner/Proxy holder Mr
Address: City:
Phone: Mobile: Taxpayer's code:

transfers the following animal

Species: Breed: Sex: M F
Age: Name: Colour:
Tattoo/Microchip: IZSve acceptance number:

As sole owner (or proxy holder)¹, I hereby declare that:

1. I have been informed that the aforesaid animal will undergo a post-mortem examination, possibly followed by other diagnostic tests which the veterinary surgeons at IZSve consider necessary;
2. I have been informed that it is not possible, for any reason, to ask for and get back the animal's spoils which shall be cremated in accordance with Reg. (EC) no. 1069/2009 as amended and integrated, as well as by national and regional or provincial implementation provisions. IZSve has chosen this procedure in order to minimise the risk of possible contamination of human beings, animals and/or objects by pathogens which may be found in the animal's remains;
3. That I have been informed that the spoils will be disposed of in an authorised plant, unless I have placed a specific request² for the ashes to be returned in an urn. In the latter cases the ashes will be returned to me by the authorized company which will be directly contacted by the undersigned and collect the spoils after IZSve has completed its tests;
4. I authorise the Institute to dispose of the spoils in an authorised plant, unless the company I have chosen collects the spoils within the term of fifteen days starting from today. I am also aware that all expenses will be charged to me.

Signed in acceptance **Date** **Time**

¹ **Attach the proxy signed by the owner** yes no

² **Request for return of the ashes** yes no

The undersigned Taxpayer's code

Asks for the spoils to be delivered to the specialised company which will return to me the ashes of the aforesaid animal in an urn. All costs shall be charged to the undersigned.

Signature

This form is to be attached to the acceptance form. A copy of this document is handed over to the signatory.