BODY DONATION CONSENT FORM

Name of animal: .......................................................... Species: .........................................................

Breed: ........................................... Age: ...... Sex: ...... Neutered: ☐ Yes ☐ No

☐ I am the owner/am legally responsible for the animal named above.
☐ I have received, read and understand the owner information pamphlet provided by the University of Glasgow for its Educational Memorial Programme.
☐ I hereby give permission for the University of Glasgow, School of Biodiversity, One Health & Veterinary Medicine to use this animal’s body for the education of the School’s veterinary students in anatomical studies or post mortem examinations.
☐ I understand that pertinent tissues and information collected during post-mortem examination may be stored for further teaching, development and/or validation of diagnostic tests to help other animals, and ethically approved research.
☐ I am aware that after anatomical or post mortem investigations, the body of my pet will be cremated and I will only be able to have my pet’s ashes returned to me if I specifically request and pay for this at my Veterinary Practice and that there may be a delay in the return of the ashes (typically up to 4 weeks, but this may be longer over the summer when less students are present).
☐ I understand that no post-mortem report will be provided.
☐ I give permission, that if necessary and to increase the information and teaching value obtained from his animal, the health history may be transmitted to/within the University of Glasgow. All information which could identify me as the owner/legally responsible for this animal will be removed.

I consent for my animal’s body to be donated. ☐ Yes ☐ No (tick as appropriate)

I have requested individual cremation and to have ashes returned to me. ☐ Yes ☐ No (tick as appropriate)

Owner name (printed): ............................................................................................................................
Owner signature: ................................................................. Date: .........................

Name of Attending Veterinary Surgeon (printed): ...........................................................................................

To be filled in by attending veterinarian:
Animal has received chemotherapeutic agents within the last 15 days: ☐ Yes ☐ No

Clinical diagnosis/diagnoses: ........................................................................................................................

Signature: ................................................................. Date: .........................

Veterinary Clinic or Practice ...........................................................................................................................

Thank you very much for your support and generosity. This will help train our future vets, further knowledge of disease affecting our pets and advance animal healthcare.

University of Glasgow charity number SC004401