University of Glasgow

School of Biodiversity, One Health & Veterinary Medicine

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BODY DONATION CONSENT FORM

Name of animal: …… Species: ……

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

- I am the owner of/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 other ethically approved research.
- I am aware that after anatomical or post-mortem investigations, the body of my pet/horse will be cremated. I will only be able to have my pet's/horse'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 fewer 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 this animal, the health history may be transmitted to/within the University of Glasgow. All information which could identify me as the owner of/legally responsible for this animal will be removed.

I consent for my animal`s body to be donated. ☐ **Yes** ☐ **No**

I have requested individual cremation and to have ashes returned to me. ☐ **Yes** ☐ **No**

Owner name (printed): ……

Owner signature: …… Date: ……

Name of Attending Veterinary Surgeon (printed): ……

To be filled in by attending veterinarian:

The owner of the animal named above has given informed consent (see above) for donation of this animal and authorised me to fill in and sign this form on their behalf. ☐ **Yes** ☐ **No**

This animal has received chemotherapeutic agents within the last 15 days**:** ☐ **Yes** ☐ **No**

Clinical diagnosis/diagnoses : ……..

Signature : …….. Date: ……..

Veterinary Clinic or Practice …… Practice stamp: ……..

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

This donation scheme has been approved by the University of Glasgow Ethics Committee (Ref 41a/17 and Ref EA35/26).
For further information please contact the Glasgow EMP coordinators at Tel. 0141 330 7768, vet-emp@glasgow.ac.uk or www.glasgow.ac.uk/emp.