



**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 hereby give permission for the University of Glasgow, School of 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 and approved research studies.
- **I am aware that after anatomical or post mortem investigations, the body of this animal will undergo routine cremation and ashes will not be returned.**
- **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 this animal's body to be donated      Yes       No   
(tick as appropriate)

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

To be filled in by attending veterinarian:

Animal has received chemotherapeutic agents within the last 8 days: Yes  No

Clinical diagnosis/diagnoses: .....

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

Veterinary Clinic or Practice:.....

Stamp: .....

**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.**

Tel. 0141 330 5777

Email: [vet-sch-vds@glasgow.ac.uk](mailto:vet-sch-vds@glasgow.ac.uk)

Website: [www.glasgow.ac.uk/vds](http://www.glasgow.ac.uk/vds)