



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/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 ..... 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.**

University of Glasgow charity number SC004401