



Pet information

Name of Pet		
Breed		
Age		
Species	Sex	Neutered
<input type="checkbox"/> Cat	<input type="checkbox"/> Male	<input type="checkbox"/> Yes
<input type="checkbox"/> Dog	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> Other (please specify)		

Consent

I am the owner of the above animal or am legally responsible for the animal and have the authority to give this consent.

I give permission for the release of the body of my pet to The University of Edinburgh to be used by the University's Royal (Dick) School of Veterinary Studies (R(D)SVS).

I have received and read a copy of the University's Educational Memorial Programme leaflet. I understand that my pet will be euthanased by my veterinary surgeon and the body will then be collected by University staff and will be taken to the R(D)SVS.

The R(D)SVS will use my pet's body for educating the University's veterinary students through anatomical or post-mortem examinations and/or used by staff for research purposes. After which my pet's remains will be cremated. I am aware that the University will not provide any information to me or any other person about my pet with regards to the specific use by the University of the body and that I will be unable to collect my pet's ashes. I am aware that specimens of tissue may be retained for future use in teaching and/or research. I also understand that a post mortem report will not be provided.

I accept that these samples and images may be shared with third parties and used in approved research projects undertaken by The University of Edinburgh and its collaborators, which aim to improve the welfare of, and treatments for animals. I agree that The University of Edinburgh shall be free to commercialise the results of these projects.

I give permission for my pet's health history to be given to the University in order to enhance learning and I understand that information which may identify me, the owner or the animal will be removed from the animal's health history before it is given to students.

Owner's Name _____

Signature of Owner _____ Date _____

Name of Attending Veterinary Surgeon _____

Signature of Veterinary Surgeon _____ Date _____

Name of Veterinary Clinic or Practice _____

Practice stamp

**Thank you very much for your support - your generosity allows us to train future vets,
improve understanding of important diseases and develop better treatments for pets.**