Department of Clinical Sciences
OSU College of Veterinary Medicine

Animal Remains Donation Consent Form

PET OWNER'S NAME _____

ADDRESS _____

PHONE NUMBER _____

PET'S NAME _____

☐ DOG ☐ CAT BREED _____

AGE _____ WEIGHT _____ SEX _____

I authorize the remains of my pet, _____ (*pet's name*), for use in veterinary education.

My animal is not known to carry any contagious disease(s).

Owner signature _____ Date _____

Attending veterinarian
Signature _____ Date _____

Name of clinic _____