



EDUCATIONAL MEMORIAL PROGRAM



www.veterinary-science.uq.edu.au/giving

Honouring a wonderful life.

ANIMAL DONATION CONSENT FORM

Animal Information

Name of Animal:

Breed:

Age: Sex: Colour:

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 have requested the euthanasia of the animal to be performed by my veterinarian and I give permission for the release of the body of the animal to The University of Queensland to be used by the University's School of Veterinary Sciences.

I have received and read a copy of the University's Education Memorial Program brochure. I understand that the animal will be euthanased by my veterinarian using the usual procedures utilised at my veterinary clinic. The animal's body will then be collected by staff of the University and transported in a sealed container, as per legislative requirements, in an air-conditioned vehicle to the University. Here, the animal's remains will be used for educating the University's Veterinary Science and Veterinary Technology students, after which the animal's remains will be buried. I am aware that the University will not provide any information to me or any other person about the animal with regards to the specific use by the University of the animal and that I will be unable to collect the animal's ashes.

I give permission for the animal's health history to be given to the University's students in order to enhance their 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 provided to students.

Owner's Name

Signature of Owner:..... Date:.....

Name of Veterinary Clinic:.....

Name of Attending Veterinarian:.....

Signature of Veterinarian:..... Date:.....