

Educational Memorial Programme Bequest Consent Form

Name of pet: _____

Microchip number: _____

Species: _____ Breed: _____

Age: _____ Sex: _____ Neutered: _____ Weight: _____

- I am the owner/am legally responsible for the animal named above.
- I have read and understood the owner information leaflet.
- I consent to release my pet's body to the SRUC Educational Memorial Programme.
- I understand that afterwards, the body of my pet will be cremated, and ashes will not be returned.
- I understand that no post-mortem report will be provided.

Owner name: _____

Owner signature: _____ Date: _____

Thank you for your support and generosity in helping train vets and vet nurses and advancing animal healthcare

Attending veterinary surgeon to complete

Clinical diagnosis / diagnoses: _____

I certify that the above animal has **not** received chemotherapeutic agents within the last 21 days and is **not** suspected (or known) to have a significant zoonotic infection.

Vet Surgeon name and qualifications: _____

Vet Surgeon Signature: _____ Date: _____

Veterinary Practice: _____

Address/Stamp: _____

This programme has been approved by the SRUC Ethics Committee **BOR 2024-001 MIX**

Personal data supplied on this form will be stored for a maximum of 6 months. We will not share your data with any third parties. Full details of SRUC's privacy policy may be found at www.sruc.ac.uk

For further information please contact: Educational Memorial Programme Coordinator, SRUC School of Veterinary Medicine Faculty Office, Ferguson Building, Craibstone Estate, Aberdeen, AB21 9YA

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