



### Consent for Donation

- I hereby authorize the donation of any useful organs and tissues from my pet after he/she has died. If my pet had to be put to sleep, I understand that he/she was not euthanized solely for the purpose of organ and tissue donation.
- I acknowledge that I am the legal owner of this animal, with authority to make decisions about his/her care and handling. I understand that this consent is voluntarily given to Veterinary Transplant Services, Inc. (VTS), without expectation of reward or compensation.
- I understand that information regarding the health, including medical records and vaccination history, of my animal will be made available to VTS, and I consent to the release of this information. I understand that my pet will be tested for transmissible diseases. If a test shows a confirmed positive result for certain transmissible diseases these will be reported to appropriate health officials, if required by law.
- It is my wish that useful organs and tissues be collected for transplantation to benefit other animals and/or for research related to improving transplantation medicine or the advancement of medical science. Tissues that are useful include corneas, connective tissue and bone, and may include organs such as heart, liver and pancreas, or other organs and tissues not specifically listed here. Using these recovered tissues, fractured or diseased bones can be mended and limbs spared from amputation. Deformed or degenerative joints can be repaired and blindness for some pets can be prevented.
- I acknowledge that I have had a chance to ask questions and understand that I can contact VTS at the above numbers if I have any questions at any time. I am also aware that I, and my family, can be referred to pet loss support services by contacting VTS.

\_\_\_\_\_  
Name of Pet

\_\_\_\_\_  
Date

\_\_\_\_\_  
Color/Breed

\_\_\_\_\_  
Age/Sex

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Address of Owner

\_\_\_\_\_  
Owner's Phone Number(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature & Printed Name of Witness

\_\_\_\_\_  
Phone of Witness

\_\_\_\_\_  
Title or Relationship

\_\_\_\_\_  
Signature & Printed Name of Person  
Obtaining Consent

\_\_\_\_\_  
Phone of Person Obtaining  
Consent

\_\_\_\_\_  
Title or Relationship

\_\_\_\_\_  
Referring Facility/Organization Name, if applicable

\_\_\_\_\_  
City, State

Comments/Requests/Restrictions: \_\_\_\_\_