PET MEMORIAL EDUCATION PROGRAMME
BEQUEST CONSENT FORM (UoBANAT1v)

University of Bristol, BS2 8EJ
0117 455 1662
e-mail: anat-ssadmin@bristol.ac.uk

Part A: Pets details

Pet's Name…… Chip number (if applicable) ……

Type of Animal…… Do they have a pacemaker fitted?.....Yes / No ……
Breed (if applicable) ……

If your pet has had any chemotherapy treatment, what is the date of their last treatment?……

Has your pet been imported from outside the UK? Yes/ No.
If yes please state the name of country ……
If yes and your pet was a dog, had they been tested for brucella canis, also known as brucellosis?
Yes, tested negative/ Yes, tested positive/ No, not been tested
Unfortunately, we are not able to accept a pet who is suspected to have or has tested positive for brucellosis.

Part B: To be completed by the registered owner Please complete in BLOCK CAPITALS

Owner's details:
Title……Surname……Forename(s)……

Address……

Postcode……Telephone No:……

Email:……

Veterinary Surgery Details Name of Surgery ……

Address: ……

…… Postcode…… Tel:……

I consent to donating my pet's body to the Bristol Anatomy Centre, University of Bristol. I understand that my pet's body may be used for Anatomical Examination, Education or Surgical Training relating to Veterinary health and research, and that some tissue may be retained for future use.

I understand that the University is unable to return ashes to the registered owner or provide a Post Mortem Report. I am aware that the University will not provide any information to me or any other person regarding the specific use of my pet by the University.

I confirm that I have read and understand the information in 'Donating Your Pet's Body to the University of Bristol' information booklet and that I am the person legally responsible for the animal named below.

To the best of my knowledge, this pet does not have or is suspected to have any infectious diseases.

Please tick box, if you consent to your veterinary surgeon sharing your pet's medical history with us ☐

Signature of Registered Owner ……**Date**……

Signature of witnessing Veterinary Surgeon ……**Date**……

To help us develop this scheme in the future could you please tell us how you become aware of this scheme?
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Complete both copies of the form in full.
Return one copy to Bristol Anatomy Centre, University of Bristol, 32 Southwell Street, Bristol, BS2 8EJ.
Give the second copy to your Veterinary Surgery.