



### Consent for Dog Body Donation to Oregon Body Gift

Dog's Name\*: \_\_\_\_\_ Owner's Name\*: \_\_\_\_\_

Is euthanasia already planned? \* Yes    No    If yes, planned date/time: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

By signing this form, I provide consent for the donation of my dog after their death to Oregon Body Gift. This donation will be used for research purposes. I understand that I will not receive any form of compensation, although cremation of the dog's body and return of remains if requested will be provided as a part of the donation process.

Oregon Body Gift, a non-profit organization, partners with research institutions to advance medical knowledge. Primarily, the use of the dog's body will be in neuroscience medical research. The dog's body may undergo procedures such as embalming, dissection, and preservation. Tissue may be preserved indefinitely to enable future research. The dog's tissue may be shared with partner research organizations. All owner-provided information will be strictly confidential and not shared. All research will ensure dignity in handling animal remains.

If the offer of donation is rescinded in writing prior to the dog's death, or if Oregon Body Gift is unable to accept the donation for any reason, then the dog's owner will be solely responsible for alternate arrangements for the disposition of the dog's remains, including any costs.

Owner's Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

#### Medical History Information

Dog's age: \_\_\_\_\_ Weight (approximate): \_\_\_\_\_ Breed: \_\_\_\_\_

Has the dog received their required vaccines\*? Yes    No

Any known tests or concern for transmissible diseases, such as rabies\*? Yes    No

Details: \_\_\_\_\_

Any implantable devices (e.g., pacemaker)\*? Yes    No    Details: \_\_\_\_\_

Has your dog shown signs of confusion, such as getting lost or having difficulty recognizing familiar people or pets, in the past six months\*? No    Mild    Moderate    Severe

Any other known neurologic problems (not required, but helpful to know for our research)?

Yes    No    Details: \_\_\_\_\_

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## Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | [donation@oregonbodygift.org](mailto:donation@oregonbodygift.org)

### **Cremated Remains Information**

Would you like to receive cremated remains of tissue not used in research\*?

Yes      No, please respectfully scatter

If requested (not required), please write the address to mail these cremated remains:

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Thank you so much for your generous contribution to science. Please contact us with any questions.