



Oregon Body Gift Donation Program

3265 Marietta St SE, Salem, OR | Phone: 503-581-1942 | donation@oregonbodygift.org

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 anonymized to maintain confidentiality. 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If the offer of donation is rescinded in writing prior to the dog's death, or if Oregon Body Gift is unable to accept the donation for any reason, then the dog's owner will be solely responsible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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Disposition of Partial Cremated Remains Document

Thank you so much for considering this donation. This document allows you to specify your wishes regarding the disposition of partial cremated remains (i.e. the remains of cremated tissue not used for research). If you prefer, we can answer any questions you have about this in person or over the phone. Please select one of the following:

☐ **1. Respectful Scattering (Default Option)**

If this option is selected or if no option is chosen, the partial cremated remains will be scattered respectfully.

☐ **2. Pickup of Partial Cremated Remains**

A designated recipient can collect the remains from our Salem facility. This option allows us to express our gratitude in person.

☐ **3. Mailing of Partial Cremated Remains**

We recognize that personal circumstances may prevent pickup. In this case, we offer to mail the partial cremated remains to a designated recipient. However, please be aware that this carries potential risks, including but not limited to: (1) misdelivery due to a clerical error by an Oregon Body Gift staff member, (2) loss or damage during transit, or (3) tampering or theft.

If you selected either Pickup or Mailing, please provide the following information:

Recipient's Name: _____

Recipient's Mailing Address (only necessary if choosing mailing):

If pickup or mailing is chosen, we will attempt to arrange this once the donation process concludes. If the recipient cannot be reached, we will hold the remains safely for up to one year. After one year, if no alternative arrangements are made, the remains will be respectfully scattered.

Acknowledgment

I acknowledge that I have had the opportunity to review the options presented in the Disposition of Partial Cremated Remains Document. My signature indicates my informed decision regarding the disposition of partial cremated remains.

Print Name: _____

Signature: _____ Date: _____