



## Oregon Body Gift Pet Body Donation Registration Form

Dear pet owner,

Thank you so much for your interest in pet whole body donation. Please review this consent agreement thoroughly. Below, you will find questions regarding your pet's medical history, and your decision regarding the disposition of the partial cremated remains. Please fill out these forms accurately to the best of your knowledge. Once we receive the forms, we may contact you with additional follow up questions, and to potentially coordinate with the veterinarian we work with. We will let you know if we are able to accept the donation.

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

By signing this form, I certify that I am the owner of this animal, and I provide consent for the donation of my pet 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 pet's body and return of remains if requested will be provided as a part of the donation process. If I elect to proceed with euthanasia services offered by Oregon Body Gift, I consent to and order the euthanasia of the animal described below to be performed in a humane manner by a licensed veterinarian.

Oregon Body Gift, a non-profit organization, partners with research institutions to advance medical knowledge. Primarily, the use of the pet's body will be in neuroscience medical research. The pet's body may undergo procedures such as embalming, dissection, and preservation. Tissue may be preserved indefinitely to enable future research. The pet'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If the offer of donation is rescinded in writing prior to the pet's death, or if Oregon Body Gift is unable to accept the donation for any reason, then the pet's owner will be solely responsible for alternate arrangements for the disposition of the pet's remains, including any costs.

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

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

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



## Oregon Body Gift Donation Program

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

### Pet Medical History Information

The following questions are intended to provide us with relevant information for our research, and to prepare our staff for any potential risk factors. Please answer these donor history questions accurately so our staff can take any necessary precautions.

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

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

Would you like to schedule euthanasia through OBG? Yes  No  Unknown

Has your pet been seen by a vet for today's issues? Yes  No  Unknown

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

Has your pet ever been vaccinated? Yes  No  Unknown

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

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

Is your pet on a flea/tick or heartworm preventative? Yes  No  Unknown

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

Is your pet currently on any heart medications? Yes  No  Unknown

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

Does your pet have any known history of injury, trauma, illness/disease, surgery, etc., particularly of the brain, head, neck, or heart? Yes  No  Unknown

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

Any implantable devices (e.g. pacemaker)? Yes  No  Unknown

Any known neurologic problems? Yes  No  Unknown

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

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

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

Is there anything else you would like us to know?

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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: \_\_\_\_\_