



### Consent for Donation

- Out of consideration for animals needing transplants and for the advancement of medical science, I hereby authorize the donation of any useful organs and tissues from my animal after (s)he has been euthanized. I understand that my animal was euthanized for reasons other than organ and tissue donation.
- I acknowledge that I am the legal owner of this animal and 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 and vaccination history of my animal will be made available to VTS, and I consent to the release of this information. I understand that blood samples from the donor will be tested for certain transmissible diseases. If a blood 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. 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 a later time. Referrals to pet loss support services are also available by contacting VTS.

\_\_\_\_\_  
Name of Animal

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

\_\_\_\_\_  
Date

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

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

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

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

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

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Person Obtaining Consent

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

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

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

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