



# UNIVERSITY OF CAMBRIDGE

CENTRAL DIAGNOSTIC SERVICES  
DEPARTMENT OF CLINICAL VETERINARY MEDICINE  
MADINGLEY ROAD, CAMBRIDGE, CB3 0ES

## CONSENT FORM FOR POST MORTEM EXAMINATION

Owner name:			
Owner address:			
Telephone number:			
Animal name:			
Species: Breed:		Age:	
Name of Veterinary Practice:			
Name of referring Veterinary Surgeon:			
Address of practice:			
Telephone number:			
<u>Cremation</u> (please tick and initial as appropriate)	Mass cremation	<b>Individual cremation with scatter box</b>	<b>Individual cremation with casket</b>

- I hereby give consent for post mortem examination of the above named animal.
- I understand that it is not possible to return the animal's body following post mortem examination and have ticked and initialled the appropriate box above detailing cremation wishes.
- I understand that tissues and organs will be retained by The University of Cambridge following post mortem examination and used to help in pathological investigation pertaining to the case, and for teaching and research purposes.
- I give permission for the attending pathologist to contact my veterinary practice for further clinical details if necessary to assist completion of a thorough post mortem examination.
- I understand that the post mortem report, once completed, will be sent direct to my veterinary surgeons, and that all correspondence will be through my veterinary surgeon.

Signed:

Print name:

Date: