

EASAV Pet Body Donation Form

****Weight restriction:** Currently we can only accept dogs that are 25 kg (approx. 55 lbs) or under

Name of Pet: _____ Weight: _____

Owners' Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone number: _____ E-mail address: _____

Please initial below:

___ It is my wish that my pet's body be donated to the Edmonton Association of Small Animal Veterinarians (EASAV) to be used for veterinary medical education and training.

___ I acknowledge that I am the rightful owner and am 18 years of age or older.

___ I authorize Part of the Family Pet Memorial Centre to cremate the remains of my pet following the study (please check your choice of cremation):

☐ General Cremation (No Charge) – Your pet is cremated with other pets and the cremated remains are scattered in the Part of the Family Pet Memorial Centre Scattering Meadow

☐ Private Cremation (50% off POTF Cremation Prices) – Your pet will be cremated on its own and the cremated remains returned to you. (* Please note there could be a wait for 1-2 years before the study is completed and the cremated remains are returned to you.)

****If a Private Cremation is chosen you will be contacted by Part of the Family Pet Memorial Centre for confirmation and payment information upon completion of the Study.**

Owner's Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY CLINIC STAFF:

Pet's Age: _____ Gender: _____ Breed: _____

Dental Info (check one): ☐ fully toothed ☐ missing some teeth ☐ missing all teeth

Dental Plaque Index (PI): ☐ 1 ☐ 2 ☐ 3

Notes: _____

Name of Clinic: _____

Contact Person: _____ Phone #: _____



****Please contact Part of the Family Pet Memorial Centre
at 780-756-7387 to arrange for a transfer**

Ardeth O'Brien
780-756-7387

Smokey Walters
780-970-3728

