

Willed Animal Body Donation Consent Form

Thank you for your interest in supporting the education of future veterinarians. By completing this form, you are consenting to the donation of your animal's body to the WA-MT Cooperative Program in Veterinary Medicine at Montana State University for educational purposes.

Owner Information

Name: _____

Address: _____

Phone: _____

Animal Information

Name: _____

Species: _____

Breed: _____

Age: _____ Sex: _____ Weight: _____

Date of Death: _____ Cause (if known): _____

Veterinarian: _____

Consent Declaration

I, the undersigned, confirm that I am the legal owner of the above-described animal and have full authority to donate its remains to the WA-MT Cooperative Program in Veterinary Medicine at Montana State University. I understand and consent to the use of the animal's body for educational purposes. I affirm that to the best of my knowledge, the animal did not suffer from any zoonotic disease.

I acknowledge that the remains will not be returned and will be disposed of through communal cremation. I understand this donation is voluntary, and no financial compensation is provided.

Owner Signature: _____ Date: _____

Veterinarian Signature: _____ Date: _____

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