



### VETERINARY TISSUE DONOR INFORMATION

|                      |             |                       |  |
|----------------------|-------------|-----------------------|--|
| <b>Owner's Name</b>  | (Mr/Mrs/Ms) | <b>Contact number</b> |  |
| <b>Address</b>       |             |                       |  |
| <b>Pet's Name/ID</b> |             | <b>Pet's Breed</b>    |  |
| <b>Pet's DOB/age</b> |             | <b>Weight</b>         |  |
| <b>Date of Death</b> |             | <b>Cause of Death</b> |  |

| <b>MEDICAL &amp; CLINICAL EVALUATION</b>                                     | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| Lack of regular vaccination history  |            |           |
| Presence or previous history of malignancies                                 |            |           |
| Presence of systemic or local infection in the tissue to be procured         |            |           |
| Presence or history of autoimmune disease                                    |            |           |
| Recent receipt of blood products, stem cell therapies or live virus vaccines |            |           |
| Ingestion of toxic substances  |            |           |
| Any other relevant information :   |            |           |

|                            |                  |                          |
|----------------------------|------------------|--------------------------|
| <b>Veterinarian's Name</b> | <b>Signature</b> | <b>Date (DD/MM/YYYY)</b> |
|                            |                  |                          |