



VETERINARY TISSUE DONOR INFORMATION

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

MEDICAL & CLINICAL EVALUATION	YES	NO
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 :		

Veterinarian's Name	Signature	Date (DD/MM/YYYY)