



External Autopsy and Aftercare Consent

This form *must* accompany the deceased animal.

Autopsy Consent

To the best of my knowledge, my animal, identified below, has not bitten any person or animal in the last 10 days and has not been exposed to rabies. If I authorize the College of Veterinary Medicine to complete an autopsy and to allow the examination to be used for teaching and diagnostic purposes, I understand that tissues may be stored for subsequent analysis and educational purposes.

Animal Aftercare

Companion animal **communal cremation**
(remains not returned to owner, rDVM will be billed)

Equine and farm animal disposition*
(remains not returned to owner, rDVM will be billed)

*Private cremation **NOT** available for equine and farm animals after autopsy

Companion animal **private cremation**
Schoedinger Pet Services: one pet cremated at a time;
ashes returned to owner; Schoedinger will bill the
owner; price based on weight - see below

| Weight (pounds) | Price |
|-----------------|-------|
| 0 - 4 | \$70 |
| 5 - 35 | \$120 |
| 36 - 75 | \$170 |
| 76 - 125 | \$220 |
| 126 - 200 | \$270 |
| 201 - 250 | \$320 |

By signing below, I certify that I am the owner (or legal authorized agent for the owner). I authorize clinicians and/or staff at The Ohio State University Veterinary Medical Center (VMC), except where otherwise required by law, to implement my choices as outlined above. I release the VMC (including its trustees, employees, agents and students) from any and all liability for performing said autopsy, body disposition or use of samples.

Owner Signature: _____ Printed Name: _____ Date: _____

Owner Address: _____ Owner Phone: _____

Animal Name: _____ Animal Date of Birth: _____

Species: _____ Breed: _____ Sex: Male or Female

Color: _____ Weight: _____

rDVM Signature: _____ Printed Name: _____ Date: _____