



## Cadaveric Donation Form

One-Stop Service of Dead Animal Management Unit: OSDAM

Faculty of Veterinary Medicine, Chiang Mai University, Chiang Mai, THAILAND



ID...../.....

Address.....

Date.....Month.....Year.....

I (Mr/Mrs/Miss).....Passport No.....

Address: ..... Postal code: .....

Phone number:..... E-mail : .....

Pet's name ..... Species ☐ Dog ☐ Cat ☐ Others (Specify species) .....

Sex..... Breed..... Age .....Year .....Month .....Weight.....Kg.

History of rabies vaccination ☐ Vaccinated ☐ Unvaccinated

History of sterilization ☐ Sterilization ☐ Unsterilization

Date of death..... Time ..... Cause of death.....

I hereby donate the body of my pet to the Faculty of Veterinary Medicine, Chiang Mai University for:

☐ Educational and veterinary procedural purposes

☐ Residency Program (Please attach the necropsy request form in every case) Case No. ....

At the time of signing this document, I voluntarily and willingly dedicate the body of my pet without being under the influence of any coercion or deception. I consent to allow the Faculty of Veterinary Medicine to dispose of the pet's body after it has been used for the intended purpose, in a complete and proper manner as deemed appropriate by the faculty. I will not request the return of the ashes or any parts of my pet's remains.

I would like to participate in the memorial ceremony for my pet.: ☐ Yes ☐ No

If you wish to attend, please follow updates in the Line Open Chat: [ปรึกษาร่างอุทิศ OSDAM](#)



Sign.....(Owner)

(.....)

Date...../...../.....

Sign.....(Receptionist)

(.....)

Date...../...../.....

### Pet Body Donation Form

☐ Donation for Educational Purposes

☐ Donation for the Resident Program (Please attach the necropsy request form)

Case No.: .....

### Usage Details

☐ Freezing number..... Date.....Transportation ☐ Faculty's car ☐ Owners

☐ Formalin injection for.....class Date.....

☐ Freezing body for.....class Date.....