**INSTRUCTIONS**

"The present document has been reviewed by the Scientific Ethical Committee for the Care of Animals and the Environment of the Pontifical Catholic University of Chile.

Through this document, the voluntary donation of the body of an animal deceased by natural and non-infectious causes or by euthanasia is explicitly stated by the owner of the animal to the Pontifical Catholic University of Chile. If applicable, it must specify the identification of the animal. For example, in the case of a pet, indicate the identification number validated by the 'National Pet Registry.'

The university guarantees the ethical and respectful handling of the animal's body at all times and the utilization of the body for academic purposes.

1. INFORMATION FOR THE IDENTIFICATION OF THE DONATED CADAVER
	1. **Individual information**: complete when the donated cadaver was a pet or animal with prior identification

|  |  |
| --- | --- |
| **Name:** |  |
| **Species:** |  | **Race:** |  | **Color or distinctive properties of its external appearance:** |  |
| **Age:** |  | **Sex:** |  | **Weight:** |  |
| **Identification** (earring number, microchip code, etc. ): |  | **Date of passing:** |  |
| **Death cause:** |  |
| **Observations:** |  |

* 1. **Collective information**: complete when the donation is for more than one body, for example, from an industrial facility

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Identification (only if applicable) | Species | Sex | Age | Cause of death or euthanasia procedure |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| … |  |  |  |  |  |

*\*Add more rows if necessary.*

1. DATA OF THE OWNER OF THE DONATED ANIMAL

Complete with the information of the natural or legal person (company) that has been the owner or caretaker of the animal

|  |  |
| --- | --- |
| **Name:** |  |
| **rut:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

1. VETERINARY

Complete if a veterinarian participated as a treater or performed the euthanasia

|  |  |
| --- | --- |
| **Name:** |  |
| **rut:** |  |
| **Hospital or Veterinary Clinic where the patient was treated:** |  |
| **Observations:** |  |

The reception of the animal will be carried out by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, academic from the Faculty and/or School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the following activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This consent does not imply expenses for the family of the donated animal, nor payment of any kind for the involved parties. The decision to donate is not associated with veterinary clinical management and does not involve monetary transaction.

|  |  |
| --- | --- |
| **Reception date:** |  |
| **Name the activity in which the cadavers will be used:** |  |
| **Name and signature of the owner:** |  |
| **Signature of Veterinarian** |  |
| **Name and signature of the responsible academic:** |  |

1. INTERNAL USE OF THE COMMITTEE

On XXX of XXX, XXXX, the Scientific Ethics Committee for the Care of Animals and Environment, of the *Pontificia Universidad Católica de Chile*, acknowledges the receipt of animal carcasses for the activities indicated in this document.

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President

Scientific Ethics Committee for the Care of Animals and the Environment UC

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Coordinator

Scientific Ethics Committee for the Care of Animals and the Environment UC