

**Place Patient Identification Sticker Here**

**Appointment Desk: (970) 297-5000**

[http://csu-cvmbs.colostate.edu/vth/](http://csu-cvmbs.colostate.edu/vth)

Clinical Trials: Owner Informed Consent

I understand that the veterinarians at this hospital are doing research to improve animal health, animal care, and education. The details of the *Study Title* Clinical Trial have been explained to me by:

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Please check the following boxes to note your understanding of the parts of this study:***

[ ]  My *pet* must have a X in order to be a part of this study.

[ ]  The reasons for this study are *X*.

[ ]  As part of this study, my *pet* will have the following things done X.

[ ]  I realize that it is possible my *pet* will not get better from being a part of this study.

[ ]  All drugs and steps used have been carefully tested to decrease the chance of negative side effects. However, I realize it is possible my *pet* will have unexpected side-effects which could be mild, moderate, or severe (including death). My *pet* will be watched closely for side effects and corrective action will be taken if needed.

[ ]  Other (non-study) treatments have been discussed with me, and I understand the benefits of those treatments.

[ ]  I understand that X.

[ ]  I understand that X.

[ ]  I understand that I must return to CSU for the described recheck visits following entry into the study. I realize that the costs for treatment once off study will not be covered.

[ ]  I understand that information and samples collected during this study are the property of the investigator and may be stored for future use.

[ ]  I give my permission to publish information and photos obtained from this study for the benefit of the scientific community. I understand that my pet will not be identified individually.

[ ]  I may remove my *pet* from this study without penalty.

[ ]  The veterinarian in charge may remove my *pet* from this study if he/she determines that it is not benefiting or is harming my *pet*.

[ ]  I may discuss this study with my own veterinarian and ask his/her advice.

[ ]  If my *pet* dies, a postmortem examination at this hospital will be necessary to explain the cause of death.

[ ]  I understand that someone may contact me after my *pet* has finished this study to collect follow-up information. This may occur several months to years following the end of the trial.

[ ]  I have had time to ask questions about this study and feel comfortable enrolling my *pet* in this study based on the information provided.

[ ]  I understand that the funding for this study is provided by *X. OR To maintain confidentiality during treatment development, the sponsor of this study has requested that their identity not be disclosed.*

[ ]  The investigators in this study declare no conflicts of interest. OR *One or more investigators on this study has a financial interest in the development of this treatment. For this potential conflict of interest, a management plan has been implemented by the institution.*

As a result of discussion with Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and after reading the above, I voluntarily consent to participate in this project and will follow the instructions of the veterinarians-in-charge as it pertains to therapy and follow-up tests.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Owner or authorized agent of the owner

Witnessed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_