

**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

*{complete the items in blue and convert to normal black text, remove instructions in blue}*

 *Study Title*

{*Include a few sentences regarding the rationale for this study or copy lay summary*}.

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 initial the following lines to note your understanding of the parts of this study:***

**\_\_\_\_\_\_\_** My *pet* must have a {confirmed diagnosis of {*condition*}/or be undergoing the following procedure {*procedure*} in order to be a part of this study.

**\_\_\_\_\_\_\_**  The reasons for this study are *{add purpose/goal here}*.

**\_\_\_\_\_\_\_** As part of this study, my *pet* will have the following things done {*add description of the procedures to be followed, including a list of expected number and length of appointments. This can be provided as a separate study calendar}*.

**\_\_\_\_\_\_\_** 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 realizeit is possible my *pet* will have unexpected side-effects which could be mild, moderate, or severe (including death). *{Select the potential severity of side-effects in the previous statement and provide a brief description of those side effects here}* 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 {*include study incentives here*}.

**\_\_\_\_\_\_\_**  I understand that {*include owner’s financial responsibility here. This can include a statement regarding financial responsibilities of the owner in the case of adverse events unrelated to the study*}.

**\_\_\_\_\_\_\_** {if applicable} 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 understand that participation in this study is voluntary, and I may remove my *pet* from this study without jeopardizing future care.

**\_\_\_\_\_\_\_**  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.

**\_\_\_\_\_\_\_** *{OPTIONAL}* 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 {*enter funding source here. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For questions about this study, please contact: *Study Specific contact information* (*example* PI or study coordinator phone and e-mail)

For questions about the ethical conduct of animal research at Colorado State University, please go to Reporting Animal Welfare Concerns website (<https://www.research.colostate.edu/ricro/iacuc/reporting-animal-welfare-concerns/>) or email IACUC Staff in RICRO  (RICRO\_IACUC@mail.colostate.edu).