#

# Institutional Animal Care and USe Committee

# Animal Subjects Research Appendix K: Animal Owner/Client Consent FORM

|  |
| --- |
| **APPENDIX K: ANIMAL OWNER/CLIENT CONSENT** |
| The purpose of this form is to secure an animal owner’s informed consent to enroll their animal(s) in non-terminal research/teaching protocols with the understanding that the animal(s) remain the property of the owner/client and will be returned to the owner/client at the end of the study/procedure.  Last Edited March 5th, 2014 |
| Section 1: Owner/Client information |
| Owner/Client Name:           | Address:            |
| Home Phone:            | Work Phone:            | Email:            |
| Section 2: Animal Information |
| Complete the following table including and include entries for each animal or animal group. |
| **Animal Name/Group Identifier** | **Animal ID/Tattoo/Tag Numbers** | **Number of Animals in Group** | **Sex** | **Age** | **Weight** | **Color** | **Breed** |
|            |            |            |       |       |       |       |       |
|            |            |            |       |       |       |       |       |
|            |            |            |       |       |       |       |       |
|            |            |            |       |       |       |       |       |
| Section 3: Animal PRotocol Information |
| Detail all PI/USM animal care responsibilities:                               | Detail all animal owner care responsibilities:                               |
| Describe any potential risks to the animal(s):                     | Describe any potential benefits to the animal(s):                     |
| The authorization of the Principal Investigator/Instructor (PI) indicates that the PI has explained to the Owner/Client the purpose of the study, the procedures that will be performed, and the potential benefits/risks of those procedures. The authorization of the Owner/Client indicates that they have read and understand Sections 1-3, that the PI has answered all of their questions to their satisfaction, and have voluntarily enrolled animal in this specific research/teaching protocol. By typing his or her name below, each individual indicates authorization.                      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Principal Investigator Owner/Client**  |