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# Institutional Animal Care and USe Committee

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

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| **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** |
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| 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** | | | | | | | | | | | |