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**Client Consent for Participation in Research**

**Name of Study:**

**Principal Investigator(s):**

**Department:**

|  |  |
| --- | --- |
| **Client’s Name:** | |
| **Animal’s Name:** | **OVC HSC Case #:** |

I understand that veterinarians at the Ontario Veterinary College are engaged in research into the nature, prevention, detection and treatment of diseases/conditions of animals.

As part of this particular Study, I understand the following:

1. **Purpose of the study:** 
   1. The purpose of this study is to *{In one or two sentences, briefly state what the study is designed to assess or establish. Use simple lay terms}.*
   2. My animal has a confirmed diagnosis of *{disease/condition}* and meets other specific criteria required to be included in this study.
2. **Procedures**
   1. My animal will be treated by a group of veterinarians specializing in *{state specialty area}.*
   2. I will be required to bring my animal to the Ontario Veterinary College on *{number}* separate occasions to undergo a specific procedure(s), the timing, frequency and location of which is described in detail in the Client Information Sheet. The procedure(s) have been explained to me by *{insert name veterinarian in charge}.*
   3. Blood or other body fluid specimens and biopsy/tissue samples may be required for this Study as outlined in the Client Information Sheet or at the recommendation of the veterinarian in charge. The samples collected from my animal will become the property of the Ontario Veterinary College.
3. **Benefits** 
   1. My animal may benefit from participating in this Study. The benefits are described in detail in the Client Information sheet and have been explained to me by *{insert veterinarian in charge}.*
   2. However, it is possible that my animal may not benefit from the treatments or procedures associated with this Study.
   3. Alternate (non-study) treatment protocols have been discussed and I understand the relative benefits of those treatments.
   4. The results of this study will be published and made available for the benefit of the scientific community or society. I understand that neither me nor my animal will be identified individually in the publication.
   5. Research findings will be made available to participants of the study upon publication.
   6. I understand the potential benefits of my animal participating in this study
4. **Risks**
   1. All drugs and procedures used in this Study have been carefully tested to minimize adverse effects
   2. However, I realize that my animal may experience unexpected side effects that could be mild or severe (including death) {state side effects likely to be experienced; delete ‘including death’ if not applicable to study itself, regardless of risks/side effects due to standard of care therapy}. My animal will be closely monitored for side effects.
   3. The potential side effects of *{state drug(s)}* are described in the Client Information Sheet and have been explained to me by *{insert veterinarian in charge}* including how they will be managed.
   4. I understand the potential risks of my animal participating in this study
5. **Financial Consideration/Incentives:**
   1. I will be required to cover the following costs of the study *{list costs}*
   2. Costs of treatments unrelated to the Study, once off the Study, or as a side effect of Study treatment will not be covered by the Study
   3. I understand that there *{is OR is no}* compensation for participating in this Study. (Include following statement if appropriate. Otherwise delete) Participants in the Study will receive *{insert incentives including coverage of costs for services}* at no charge.
6. **Client Responsibilities/Commitments** 
   1. I understand that I must return to the Ontario Veterinary College for the prescribed re-check examinations as outlined in the Client Information Sheet
   2. Failure to follow Study protocol may lead to withdrawal of my animal from the Study
   3. (Include following statement if appropriate. Otherwise delete) If my animal dies, a post-mortem examination at this institution may be offered to explain the cause of death – additional consent will be requested.
7. **Withdrawal from the Study**
   1. I may withdraw my animal from this Study at any time without penalty, unless it is specifically stated in the Client Information Sheet that completion of the Study is a condition of the financial incentive.
   2. The veterinarian in charge may withdraw my animal from this Study if adversely affected.

**Statement Of Consent**

Your signature below means that you have read the information given to you and you agree with the following:

* I certify that I am the dog’s legal owner (or legal agent of the owner), and I am responsible for the care of the dog.
* Dr. *{insert veterinarian in charge}* has explained this study to me, I have been given an opportunity to ask questions and have had all my questions answered.
* I have read and understand all aspects of the Client Information Sheet and this Client Consent Form and especially the potential risks identified above and I agree with the procedures associated with the participation of my animal in this Study.
* I understand that I must return to the Ontario Veterinary College for follow-up appointments as required by my clinician and the study protocol.
* Costs of treatments unrelated to the Study, once off the Study, or as a side effect of Study treatment will not be covered by the Study*.*
* I understand that I have the right *not* to take part in the study and the right to *stop* at any time. My decision about taking part in the study will not affect my animal’s health care at the Ontario Veterinary College Health Sciences Centre.
* Enrollment and continued participation in the Study is dependent on OVC HSC account being in good standing.
* I agree to the participation of my Animal in the Study, entitled *{insert title}.*

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Signature & printed name of owner/agent Date

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Signature & printed name of person who explained consent Date

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Signature & printed name of witness Date

**Study contact:**

Requests to withdraw from this Study and/or questions related to this Study can be directed to:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_