**Guidance for PIs: This document should be written in plain language at a 6th grade reading level using short sentences in the active voice and whenever possible, bulleted lists, charts, tables, and/or graphics. Informed Consent Forms should ideally be provided to the owner of the animal 12-24 hours prior to enrollment so they can read before signing.**

**Title of class or wet lab**: (Title)

**Principal Investigator (PI):** (PI Name)

**Contact details for this class:** (Email and telephone number)

This form is to provide information to help you decide whether or not you want your animal to participate in this educational opportunity. Please read this form carefully. You are encouraged to ask any questions about this class/lab before deciding to participate.

**PURPOSE OF THIS CLASS:**

(Description of the details of the class in layman terms)

**WHAT IS INVOLVED IN PARTICIPATION IN THIS CLASS:**

(Description of what the owner will be asked to do and the expected duration of the class)

**VOLUNTARY PARTICIPATION AND RIGHT TO WITHDRAW**

You don't have to join this class if you don't want to, participation is voluntary. If you decide not to be part of it, it won't cause any problems. You can take your animal out of the class whenever you want, and you won't be in trouble or have to explain why. If you choose not to be in the class or if you take your animal out, it won't change how well your animal is taken care of. The person in charge can also decide to take your animal out of the class if needed.

**POSSIBLE DISCOMFORTS AND RISKS:**

(Description of procedures performed and possible discomforts and risks)

**POSSIBLE BENEFITS OF THE CLASS:**

(Description of possible benefits)

**FINANCIAL IMPLICATIONS AND COMPENSATION**

Participation in this class will be of no cost to you. You will not receive any compensation for the participation of your animal in this class.

**Institutional Animal Care and Use Committee**

This teaching activity has been approved by Ross University School of Veterinary Medicines Institutional Animal Care and Use Committee (IACUC). If you have any concerns or want to discuss other matters you may contact the IACUC anytime by contacting: BRoman@rossvet.edu.kn [+1 869.465.4161 ext 401-1324]

**Owner’s Consent for animals participation**

This class has been explained to me and I give my consent that my animal can take part in it. I have had the opportunity to ask questions and I understand that I can contact the class organizer via email or the phone number listed above, if I have additional questions or concerns.

I certify with my signature that I am the legal owner or custodian of the animal and have the authority to consent to the animal participating in this research study.

**Name and identification of Animal:**

Name:

Species:

Breed:

Sex:

Age:

**Name of Owner**:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

**Class Coordinator:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_