**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 Study**: (Title)

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

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

We would like to invite you to participate in a research study. This form is to provide information to help you decide whether or not you want your animal to participate in the study. Please read this form carefully. You are encouraged to ask any questions about this study before deciding to participate.

**PURPOSE OF THIS RESEARCH STUDY:**

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

**WHAT IS INVOLVED IN PARTICIPATION IN THIS RESEARCH STUDY:**

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

**VOLUNTARY PARTICIPATION AND RIGHT TO WITHDRAW**

You don't have to be part of this research study if you don't want to, participation is voluntary. If you decide not to be in it, it won't cause any problems. You can take your animal out of the study whenever you want, and you won't be in trouble or have to explain why. If you choose not to be in the study 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 study if needed. If your animal is taken out of the study for any reason, the information already collected may still be used for research or learning purposes.

**CONFIDENTIALITY**

The information you share will be private. Only your name and your animal’s name will be on the consent form, and it will be kept in a secure, lockable place. The things learned from this research might be shared for learning or regulatory reasons. If you want to know about the study’s results, you can ask the person in charge, the principal investigator. They’ll make sure to keep you and your animal’s identity private.

**POSSIBLE DISCOMFORTS AND RISKS:**

(Description of procedures performed and possible discomforts and risks)

**POSSIBLE BENEFITS OF THE STUDY:**

(Description of possible benefits)

**UNFORESEEN RISKS**

Sometimes, unexpected problems may happen during the research study. The research study investigators and people in charge will communicate to you as fast as possible of any new information that might influence your decision to allow your animal to continue in the study.

**FINANCIAL IMPLICATIONS AND COMPENSATION**

Having your animal participate in this research study won’t cost you anything. If there are procedures done just for the study, you won’t have to pay for them. You won’t get any money for having your animal in the study. If there are other costs unrelated to the study like for diagnosing, managing, or treating your animal, those are your responsibility.

**QUESTIONS ABOUT THIS STUDY**

**Research study investigators**

If you have any questions or concerns about the study, possible discomforts, risks and benefits, your obligations or any other questions please feel free to contact the research personnel at any point.

**Institutional Animal Care and Use Committee**

This research study has been approved by Ross University School of Veterinary Medicine 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](mailto:BRoman@rossvet.edu.kn) [+1 869.465.4161 ext 401-1324]

**Owner’s Consent for animals study participation**

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

If biological material is collected such as tissues or fluids, I give additional consent for the material to be stored and used for any future research/educational purposes (please tick box):

N/A:  I give consent:  I do not give consent:

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 \_\_\_\_\_\_\_\_\_\_\_

**Research Study Investigator:**

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