

**Sam Houston State University
Institutional Animal Care and Use Committee
Owner Consent Form**

1. Project Title:

2. Principal Investigator:

Dept:

Telephone #:

Email:

3. Description/Purpose of Study:

4. Animal Species:

___ Horse ___ Cattle ___ Goats ___ Swine ___ Other: _____

5. Description of procedures that will be performed on the animal(s):

6. Possible discomfort and risks to animal(s) associated with procedures:

7. Compensation for therapy for accidental injury or complications: This laboratory does not provide compensation for therapy for any injuries or losses that may occur as a result of participation.

8. Confidentiality: All client and animal details and information obtained from this study will be considered confidential, as allowable by Texas Public Information Act, and only used for research or teaching purposes.

9. Voluntary participation and right to withdraw: Participation in this study is voluntary, and you have the right to withdraw at any time without penalty. Refusal to participate in, or withdrawal from, the study will in no way affect the care to which your animal(s) is otherwise entitled.

10. Termination of participation by principal investigator(s): The investigator(s) has/have the right to terminate the study for any or all participants at any time and for any reason.

11. Unforeseen risks: Unforeseen risks might arise at any time during the study. The investigator(s) will promptly inform owners of all animals enrolled in this project of any new information that may affect their willingness to participate.

12. Primary Contact person(s): To obtain further information regarding this study contact:

13. Client Consent:

I am the owner or the agent for the owner of the animals(s) described above, and I have the authority to execute this consent. I hereby consent to have my animal(s) participate in the above described study. I understand that some risk always exists in performing animal procedures and that I am encouraged to discuss any concerns I have about those risks with the principal investigator before the procedure(s) is initiated. I consent to having photographs taken of my animal(s) if deemed appropriate by the principal investigator.

Owner name (please print)

Title (owner or agent)

Owner Signature

Date