|  |  |
| --- | --- |
|  | *(attach patient label here)* |

**Owner Consent Form for ………. Study**

**Project details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title: |  | | Ethics Permit No: |
| Chief Investigator: |  | | |
| Faculty/School: |  | | |
| Aims of project: |  | | |
| Description of procedures to be carried out in this instance: |  | | |
| Possible risks and complications: |  | | |
| Animal to be returned home after procedure | Yes ⬜  No ⬜ | If Yes, special instructions to owner | |

**Animal details:**

|  |  |
| --- | --- |
| Animal species: |  |
| Pet’s name or ID or microchip number: |  |
| Animal Strain and Sex: |  |
| Other relevant information: |  |
| Person accepting the animal(s): |  |

**Owner details:**

|  |  |
| --- | --- |
| Owner’s name: |  |
| Address: |  |
| Preferred contact details: |  |
| Proof of ownership shown: |  |

I have read the above summary of the study/teaching unit and I understand the nature and duration of the study/teaching unit. I am aware that this project has current approval by the University’s Animal Ethics Committee. I have had the opportunity to ask questions and discuss any aspects of the project with the researcher.

I hereby give the chief investigator and any authorised staff consent and authority to perform the above procedures on my animal.

I authorise the use of appropriate anaesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that this project will involve leaving my animal(s) in the care of suitably trained and authorised staff of the School of Veterinary and Biomedical Sciences at Murdoch University. I understand that all the data pertaining to me and my animal(s) will be treated in strict confidence.

I do hereby certify that I am the owner (or duly authorised representative of the owner) of the above animal(s) and that the animal(s) are free of any lien or claim by any other person or persons.

Consenting owner’s signature: Date:

Witness name and signature: Date:

Contact for Chief Investigator:

Contact for Animal Ethics Committee: Ethics Advisor, telephone 08 9360 7366, email [animal.ethics@murdoch.edu.au](mailto:animal.ethics@murdoch.edu.au)

cc: Chief Investigator, consenting owner and AEC