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| **Animal Owner/Client Informed Consent Form** | | | | | | | | | | | | Kansas State University Institutional Animal Care and Use Committee  University Research Compliance Office  203 Fairchild Hall, Manhattan, KS 66506 | | | | | | | |
| *The purpose of this form is to secure an animal owner’s informed consent to enroll their animal(s) in non-terminal research/teaching protocols with the understanding that that the animal(s) remain the property of the owner/client and will be returned to the owner/client at the end of the protocol.*  ***Complete Part 3 for IACUC review/approval of protocol. Complete Parts 1, 2, & 4 upon animal enrollment in the study.*** | | | | | | | | | | | | | | | | | | | |
| **Part 1 – Owner/Client Information** | | | | | | | | | | | | | | | | | | | |
| **Owner/Client Name:** | | | | | | **Address:** | | | | | | | | | | | | | |
| **Home Phone:** | | **Work Phone:** | | | | | | | **Cell Phone:** | | | | | **Email:** | | | | | |
| **Part 2 – Animal Information** | | | | | | | | | | | | | | | | | | | |
| **Animal Name/**  **Group Identifier** | **Animal ID/Tattoo/Tag Number(s)** | | | **No. of Animals in Group** | | | **Sex** | | | | **Age** | **Weight** | | | **Color** | | | | **Breed** |
|  |  | | |  | | |  | | | |  |  | | |  | | | |  |
| Part 3 – Animal Protocol Information | | | | | | | | | | | | | | | | | | | |
| **Protocol Title:** | | | | | | | | | | | **Protocol Type:**  Research  Teaching | | **Protocol Class:**  Biomedical  Agricultural | | | Protocol Number:  -  - | | | |
| **Principal Investigator/Instructor (PI) Name:** | | | **Department/College:** | | | | | **Office Address:** | | | | | **Office Phone:** | | | | **Email:** | | |
| **Purpose of Protocol:** | | | | | | | | | | | | | | | | | | | |
| **Description of Procedures that will be Performed:** | | | | | | | | | | | | | | | | | | | |
| **PI/KSU Responsibilities:** | | | | | | | | | | | | | | | | | | | |
| **Owner/Client Responsibilities:** | | | | | | | | | | | | | | | | | | | |
| **Potential Benefits:** | | | | | | | | | | | | | | | | | | | |
| **Potential Risks:** | | | | | | | | | | | | | | | | | | | |
| **PI/KSU Liability:** | | | | | | | | | | | | | | | | | | | |
| **Owner/Client Liability:** | | | | | | | | | | | | | | | | | | | |
| Part 4 – Authentication | | | | | | | | | | | | | | | | | | | |
| *The signatures of the Principal Investigator/Instructor (PI) indicates that the PI has explained to the Owner/Client the purpose of the protocol, the procedures that will be performed, the potential benefits/risks of those procedures, and the liability incurred by the owner/client and KSU. The Owner/Client signature indicates that they have read and understand Parts 1-3 and that the PI has answered all of their questions to their satisfaction.* | | | | | | | | | | | | | | | | | | | |
| **PI Signature:** | | | | | **Date:** | | | | | **Owner/Client Signature:** | | | | | | | | **Date:** | |