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| C:\Documents and Settings\arankin\Desktop\VHC Logo tag line_RGB.JPG | Patient Label  **3.6** |

**Study Title:** Formal/Full Study Title

**Purpose:** (Provide information in language client can understand.)

**Explanation:** (Explain the procedures and expectations)

-AND/OR-

**Clinical Protocol:** What owner can expect on certain study days. The more details here, the easier it will be for them to comply.

**Investigators:** (List all investigators and credentials)

**Eligibility:** (Inclusion Criteria as well as Exclusion Criteria- Detailed bullet points)

**Risks:** (Explain risks involved in procedures covered by clinical trial only)

**Fees for Services:** (Provide information in language client can understand about what is and isn’t cover by study funds)

**Owner Responsibilities:** This can be customized to PI’s preference. Is often good to re-state expectations of recheck visits, anything the owner will be expected to do at home (admin of meds, prepping for visits etcs), completing regular questionnaires. Again, anything that will help set owner up for success when it comes to compliance.

**Confidentiality:** The information collected regarding your pet will be confidential and used for research purposes only. This data will be available to you or your referring veterinarian at your request. Results of this study will be published in a scientific journal with you and your pet’s confidentiality protected.

**Voluntary Participation:** Participation in this study is voluntary.

**For questions or concerns regarding this study, please contact:** (Clearly list names and contact information of investigators responsible for questions/concerns)

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**I understand the above information and agree to participate in this study:**

Yes No

I acknowledge that I fully realize the risks associated with this procedure and that I voluntarily submitted my animal for participation in this research.

By signature below, I release Kansas State University and their agents, officers and employees for all claims, demands and causes of action which may arise from the participation of my animal in this study.

I have reviewed and understand this release.

Owner signature Date

Clinician signature Date