**Informed Consent Form for TAMU CVM Teaching Laboratories**

This form is to be completed for all Texas A&M University College of Veterinary Medicine & Biomedical Sciences-associated teaching laboratories/demonstrations that utilize non-University-owned animals. Each item should be addressed concisely. If an item does not apply to a specific laboratory/demonstration, please indicate this under the appropriate item. This form should be submitted to the CVM Clinical Research Review Committee for review and approval prior to the initiation of the laboratory/demonstration.

**1. Owner of animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Position of owner (i.e. faculty, student, staff, employee, etc.)**

**3. Animal Identification:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Purpose of Teaching Event (identify class/lab/demonstration)**

**5. Expected Duration of Animal Participation**

**6. Description of Procedures**

**7. Possible Discomfort and Risks to animal**

**8. Possible Benefits of Participation to animal**

**9. Compensation for Therapy of Injuries to animal**

Recommended statement: This laboratory does not provide compensation or therapy for any injuries or losses that may occur as a result of participation.

**10. Participation and Right to Withdraw**

Recommended statement: Enrolling your animal for this teaching laboratory is voluntary, and you may withdraw your animal at any time without penalty. Refusal to participate will not affect the grade of the student in the course.

**11. Unforeseen Risks to animal**

Recommended statement: Unforeseen risks may arise during the course of the laboratory. The course coordinator or research staff will promptly inform participants of any developments that may affect their willingness to participate.

**12. Contact Person (faculty in charge)**

**13. This teaching laboratory/demonstration consent form has been reviewed and approved by the Clinical Research Review Committee of the Texas Veterinary Medical Center. If questions arise regarding your rights as a participant, the Clinical Research Review Committee Contact Person listed below may be contacted.**

Dr. Bhanu Chowdhary

Associate Dean for Research & Graduate Studies

College of Veterinary Medicine & Biomedical Sciences

Texas A&M University

College Station, TX 77843-4461

979-845-5092

**14. Authorization for Participation**

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent of the owner) of the above-described animal; that I hereby consent to have my animal participate in the above described laboratory; that I understand that some risk always exists in performing veterinary procedures and that I am encouraged to discuss any concerns I have about those risks with the laboratory instructor before the procedure(s) is/are initiated; and that I consent to having photographs taken of my animal, if deemed appropriate by the laboratory instructor.

I have read and fully understand the terms and conditions set forth above.

I have received a copy of this form.

Signature of Owner or Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) at which owner can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_