**Informed Consent Form for Teaching Laboratories**

College of Veterinary Medicine & Biomedical Sciences

Texas A&M University

**Note:** This form is to be completed for all Texas A&M University College of Veterinary Medicine & Biomedical Sciences (CVM)-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.

**1. Owner of Animal**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Position of Owner** (faculty, student, staff, employee, etc.)

**3. Animal Identification**

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

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

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

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

**4. Purpose of Teaching Event** (include class/lab/demonstration title, where applicable; include event’s learning objective(s) and target participants)

**5. Expected Duration of Animal Participation**

**6. Description of Procedure(s)**

**7. Possible Discomfort and Risks to the Animal**

**8. Possible Benefits of Participation to the Animal**

**9. Compensation for Therapy of Injuries to the Animal**

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

**Note:** Or alternative text as appropriate for your laboratory.

**10. Participation and Right to Withdraw**

Enrolling your animal in 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.

**Note:** Or alternative text as appropriate for your laboratory.

**11. Unforeseen Risks to the Animal**

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.

**Note:** Or alternative text as appropriate for your laboratory.

**12. Contact Person** (e.g., faculty in charge)

Example:

Dr. John Smith

Small Animal Clinical Sciences

College of Veterinary Medicine & Biomedical Sciences

Texas A&M University

4474 TAMU

College Station, Texas 77843-4474

979-845-xxxx

(email address is optional)

**13. Clinical Research Review Committee Contact Person**

This teaching laboratory/demonstration consent form has been reviewed and approved by the Clinical Research Review Committee of the Texas A&M University College of Veterinary Medicine & Biomedical Sciences. If questions arise regarding your rights as the owner of a participating animal, the Clinical Research Review Committee Contact Person listed below may be contacted.

Dr. Michael Criscitiello

Associate Dean for Research & Graduate Studies

College of Veterinary Medicine & Biomedical Sciences

Texas A&M University

4461 TAMU

College Station, Texas 77843-4461

979-845-5092

crrc@cvm.tamu.edu

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