**Informed Owner Consent Document (Non-VTH Clients)**

[*Project title*]

We would like to include the [*animals*] at your [*facility*] in a research study [*directed/funded*] by Washington State University [*and other funding sources*]. This study is designed to evaluate [*objectives*]. This form is intended to provide information to help you decide whether you want your [*animals*] to participate in this research study. **Please read this form carefully.**

**Feel free to ask questions** about the purpose of this research study, the possible risks and benefits, and anything else about this form that is not clear. When we have answered all your questions you can decide whether you want the [*animals*] in your facility to be enrolled in the study.

1. **Investigators:** This study is led by Washington State University researchers in collaboration with [*collaborator institution, if any*] colleagues.
* Principal Investigator: [*Name, Education, Title*, Washington State University (emailaddress@wsu.edu; *phone number*)]
* Collaborators: [*Name, Education, Title*]
1. **Purpose of Research:** [*Brief introduction to the study, purpose, importance of the study*].
2. **Expected Duration of Participation:** We anticipate that an individual [*animal’s*] participation in the study will be short-term, lasting long enough to determine the [*parameters*], and to take a [*type of samples*].
3. **Description of the [*Type of Sample*] Sampling Procedure:** [*Brief description of procedures*].
4. **Potential Adverse Side Effects, Complications or Risks:** While no complications are anticipated, [*description of potential adverse effects - e.g., “a small hematoma can sometimes form at the site of blood sampling.”*].
5. **Possible Benefits:** [*Briefly describe potential benefits of this study*].
6. **Alternative to Participation:** Your facility can decline to participate in this study.
7. **Extent of Confidentiality of Records:** The research investigators will have access to the information that you provide on the [*facility’s form(s)*] as well as the results of the [*laboratory tests, etc.*].
8. **Compensation or Therapy for Injuries:**In the unlikely event that an injury occurs secondary to the [*sample*] collection procedure, your facility will be responsible for costs and delivery of any additional treatment needed for the injuries.
9. **Contact Person for the Study:** Should questions or concerns arise, you may contact the Principal Investigator: Dr. [*Name, Dept*, Washington State University, emailaddress@wsu.edu; *phone number*].
10. **Voluntary Participation and Right to Withdraw:** Participation in this research study is voluntary. You have the right to withdraw your facility from this study at any time. Your decision to participate, not participate, or withdraw from this study will not affect your relationship with WSU.
11. **Termination of Participation by the Principal Investigator:** Although unlikely, the investigators retain the right to terminate the participation of any facility in this study at any time.
12. **Financial Obligations:** Our project team will cover the cost for [*sample*] collection and [*sample*] processing supplies as well as the costs of the [*type of assay*]. Costs associated with personnel time to [*collect/draw*] the [*samples*] are not covered by this research study.
13. **IACUC Review:** This research study has been reviewed and approved by the WSU Institutional Animal Care and Use Committee (IACUC). If you have concerns, please contact them at (509) 335-7951.

**Informed Owner Consent Form for [*Purpose of Study*]**

“Project Title”

I have read the Owner Consent Document for this study, and I agree that our [*animals*]can take part in this research study. I understand and agree to the information and requirements presented on this consent form. All questions have been answered to my satisfaction, and I understand that the participation of the [*animals*] from our facility in this research study is voluntary. I will receive a copy of this consent form.

**I certify that I am the legal owner or custodian of these [*animals*] and have the authority to consent medical treatment for them.**

**Facility Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility Representative**

**Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investigator Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**