GENERAL OWNER CONSENT FORM

Investigation of Inheritance of Renal Dysplasia in the Cairn Terrier

Official Use Only
This protocol has been approved by the [Ryan –VHUP/Widener-NBC] Privately –Owned Animal Protocol Committee and the University of Pennsylvania Institutional Animal Care and Use Committee. POAP #_____.

As the owner or duly authorized agent for the owner of _____*(insert name of pet)* you are being asked to have your pet participate in a clinical study to determine the cause and mode of inheritance of renal dysplasia in the Cairn Terrier. Before giving your consent to your pet's participation, please read the following, ask as many questions as needed to understand what your participation involves, and sign and date the statement at the end of this document.

PRINCIPAL INVESTIGATORS
Dr. Margret Casal

PURPOSE OF STUDY

1. I certify that I am over the age of 18 and hereby grant permission for my pet to participate in a study to examine the causes of renal dysplasia in Cairn Terriers.

DESCRIPTION OF PROCEDURES
1. I understand that 2-5 mls of blood will be obtained from my dog.
2. I understand that my pet will be humanely treated at all times and all investigative procedures will be performed using the customary methods applied to all other client-owned patients at the Ryan Veterinary Hospital of the University of Pennsylvania (VHUP).
3. I understand that in the course of this study, the investigator(s) will copy the pedigree of my dog. I consent to the use of such materials provided that neither my animal nor I are identified in any publication, reports or presentations without my written authorization.

RISKS ASSOCIATED WITH PROCEDURE(S)
1. The known risks and side effects associated with drawing blood include mild redness, itchiness, and/or swelling. If the area is not kept clean during the next 48 hours after the biopsy is taken, infection may occur.

TREATMENT AND POTENTIAL BENEFITS
1. I understand that there is no guarantee that my pet will benefit from its participation in this study. However, such participation may provide additional information about the extent of my pet's disease and, therefore, influence the course of treatment to help my pet or other animals in the future. Also, the information gained may help eliminate the disease from the Cairn Terrier.

COSTS TO OWNER
1. There is no fee for participating in this study. I understand that the study does not cover costs of treatment or of any other examinations.

OBLIGATIONS OF THE OWNER
In addition to making my dog available for examination, I will provide a pedigree for genetic analysis.

CONFIDENTIALITY

I understand that the written and/or computerized medical records of my pet's progress while in the study will be kept confidential. No information by which my pet can be identified will be released or published without my written authorization.

WITHDRAWING MY PET FROM THE STUDY

I understand that participation in this study is entirely voluntary and that I may withdraw my pet at any time without prejudicing its present or future care. Refusing to participate will involve no penalty or loss of benefits. I also understand that my pet may be withdrawn from the study if my veterinarian finds it necessary and/or in my pet's best interest. If my pet is withdrawn from the study for any reason, its progress may continue to be followed and clinical data may continue to be collected from my pet's medical records without additional authorization.

My questions about this clinical trial protocol have been answered to my satisfaction. If I have additional questions regarding this study, I may phone, fax or email the principal investigator at the following numbers and addresses.

1. Phone: Dr. Margret Casal: 215-898-8894
2. Fax: 215-573-2162

AUTHORIZATION

I have read and understand the foregoing statements and agree to allow my pet to participate in this study. Upon signing below, I will receive a copy of this consent form.

Case #:_____

Pet's Name:_____

Date:_____

Client/Owner/Agent's Printed Name:_____

Client/Owner/Agent's Signature:_____

Clinician's Signature:_____