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|  | **\*Name of Principle Investigator\***  Address:  Ph:  Email: |

**Animal Owner Informed Consent**

**Information Sheet for animal owners for the project:**

**Title:** [INSERT PROJECT TITLE]

As the owner or duly authorized agent for the owner you have been asked to have your animal(s) participate in an educational activity. Your informed consent is required prior to this use. The following sheet contains information about the educational project for you to help you decide whether to allow your animal(s) to participate. You may ask any questions about the educational activity, the possible risks and benefits, rights as a volunteer participant, and anything else that is not clear.

**Voluntary Participation:**

The participation of your animal(s) is voluntary, and you may withdraw your animal(s) for any reason at any time. If you do not wish to participate you do not have to provide any reason for your decision. Refusal to participate or withdrawal will in no way affect the care to which animal participants are otherwise entitled.

**Potential benefits of the educational activity**

[INSERT].

**Unforseen Risks:**

Unforseen risks might arise at any time during the educational activity. If any animals are sick or injured during the conduct of the activity, you must inform the investigator, [PRINCIPAL INVESTIGATOR], immediately.

**Termination of Participation by Principal Investigator:**

The Principal investigator has the right to terminate the educational activity for any and all participants at any time and for any reason.

**Financial Implications:**

[INSERT]

**Privacy:**

The confidentiality of animal owners will be maintained. No identification of individuals will be made when reporting to the overseeing Animal Care and Ethics Committee about this educational activity.

**Questions:**

This educational activity has been approved by the NSW Department of Regional NSW Secretary’s Animal Care and Ethics Committee. If you have any questions or concerns relating to the practical aspects of the educational activity, please feel free to ask at any point. You are free to contact the Principal Investigator, [NAME], using the contact details provided above or the Executive Officer of the committee with the email address secretary.acec@dpi.nsw.gov.au.

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|  | **\*Name of Principle Investigator\***  Address:  Ph:  Email: |

**Animal Owner Informed Consent**

**Consent Form for the project:**

**Title:** [INSERT PROJECT TITLE]

As the owner or duly authorized agent for the owner you have been asked to have your animal(s) participate in an educational activity. Your informed consent is required prior to this use.

If you have any questions or concerns about this educational activity, please contact [PRINCIPAL INVESTIGATOR], using the above contact details.

**Purpose of the project**

[INSERT]

**Procedure**

[INSERT BRIEF PROCEDURE DETAILS ANIMALS WILL BE REQUIRED TO BE INVOLVED WITH IN LAYMANS TERMS]

In giving my consent, I acknowledge that:

1. I am responsible for the welfare of the animals included in the project, including any further treatments and/or euthanasia outside the scope of the project, should this be required, between the dates of the [INSERT DATES].
2. The procedures required for the project, the time and any financial obligations involved have been explained to me and any questions I have about the research have been answered to my satisfaction.
3. I have read the information sheet and have been given the opportunity to discuss the project with the Principal Investigator or instructors
4. I understand that I can withdraw my consent for animals to be used in the educational activity at any time without any detrimental effects.
5. I understand that my involvement is strictly confidential and no information about me or my animals will be used in any way that reveals my identity.
6. I understand that supplying my animal for this educational activity is completely voluntary and I am not under any obligation to consent.

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| --- | --- | --- | --- |
| **Signed by Owner** | | **Signed by Person Asking for Consent** | |
| Name |  | Name |  |
| Address |  | Address (of business) |  |
| Date |  | Date |  |
| Signature |  | Signature |  |