

VENIPUNCTURE OWNER CONSENT FORM

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 #257.

PRINCIPAL INVESTIGATOR

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PURPOSE OF STUDY

The Matthew J. Ryan Veterinary Hospital of the University of Pennsylvania is conducting a clinical study to determine the exposure to canine influenza of dogs participating in flyball competitions.

VENIPUNCTURE AUTHORIZATION

This study requires that 3 ml the equivalent of 3/5 of a teaspoon(s), of blood be obtained from your pet to measure canine influenza titers. The risk involved in drawing blood for this study is minimal. Hair may be clipped in some cases to facilitate visualization of the vein. Your dog may experience mild redness, bruising, or itching at the collection site.

The results of this test may not directly benefit your pet, but may provide veterinarians with a better understanding of canine influenza. Your participation in this study is entirely voluntary and declining to participate will not affect your pet's future care in any way.

You should not sign this form until you have had the opportunity to ask questions and have them answered to your satisfaction. If you have additional questions regarding this particular research study, you should contact the clinician at the telephone number or e-mail listed above.

By signing below, you acknowledge that you are over the age of 18 and consent to having the described venipuncture procedure(s) performed on your dog for the purposes of the study described above.

Case #: _____

Pet's Name: _____

Date: _____

Client/Owner/Agent's Printed Name: _____

Client/Owner/Agent's Signature: _____

Clinician's or Attending Staff Person's Signature: _____