



## Venipuncture Owner Informed Consent Form

Collected by \_\_\_\_\_

**Laboratory Contact:** Margret L. Casal, (215) 898-0029

### Purpose of Study

As the owner or duly authorized agent for the owner of " \_\_\_\_\_," I grant permission to have my dog participate in authorized clinical studies to find the gene causing any genetic diseases in the Irish Wolfhound.

Dog's Registered Name and/or AKC# \_\_\_\_\_

Call Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

We would like to be allowed to contact you for follow up information about your dog. However, if you do not wish us to contact your again, simply "opt out" by initialing here \_\_\_\_\_.

Is it okay to share samples with researchers working on other studies benefiting Irish Wolfhounds? Yes \_\_\_\_\_ No \_\_\_\_\_

Is it okay to contact your vet for health questions and updates about your dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### Venipuncture Authorization

This collection requires that 5 - 10 cc of blood be obtained from my pet to make high quality DNA for the marker tests that are being developed. The risk involved in drawing blood for this study is minimal; however, my dog may experience mild redness or bruising at the collection site. Additionally, the hair may be clipped in some cases to facilitate visualization of the vein.

The results of this test may not directly benefit my pet, but may provide veterinarians with a better understanding of *complex diseases in the Irish Wolfhound and to eliminate such diseases from the breed. A genetic test will also benefit the breed by allowing breeders to make the right breeding decisions once the parents have been tested for the specific diseases.* My participation in this study is entirely voluntary and my refusal to participate will not affect my pet's care in any way.

By signing below, I consent to having the described venipuncture procedure(s) performed on my dog for the purposes of the study set forth herein. I understand that any information about my pet, obtained from this study, will be kept confidential. No information by which my pet can be identified will be released or published without my written authorization.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_