VENIPUNCTURE OWNER INFORMED CONSENT FORM FOR VHUP

PRINCIPAL INVESTIGATOR
List name(s) of principal investigator(s) and contact number(s).
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 a clinical study of *pneumonia in the Irish Wolfhound.*

VENIPUNCTURE AUTHORIZATION
This study requires that 5 - 10 cc of blood be obtained from my pet to make high quality DNA for the marker test that is 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 *pneumonia in the Irish Wolfhound.* My participation in this study is entirely voluntary and my refusal to participate will not affect my pet's care in any way.

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.

I have been given the opportunity to ask questions and have them answered to my satisfaction. If I have additional questions regarding this particular research study, I may contact the clinician at the telephone number above.

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.

Date:_____
AKC #:_____
Pet's Registered Name:_____
Pet's Call Name:_____
Client/Owner/Agent's Printed Name:_____
Client/Owner/Agent's Signature:_____
Clinician's or Attending Staff Person's Signature:_____
Veterinarian's Address:_____
_____
_____
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