**ANIMAL OWNER INFORMED CONSENT – USE OF ANIMALS FOR TEACHING**

**INFORMATION SHEET**

As the owner or duly authorised agent for the owner you have been asked to have your animal participate in a teaching class. Your informed consent is required prior to this use.

Please read this document and accompanying Consent Form carefully and feel free to ask any questions you might have.

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| --- | --- | --- | --- |
| **Animal Project Title:** |  | | |
| **AEC Approval No:** | (M/S-YYYY-NNN) | | **Approval Period Dates:** dd/mm/yy to dd/mm/yy |
| **Chief Investigator Name:** |  | | |
| **Faculty/School:** |  | | |
| **Contact Details:** |  | | |
| **Person Responsible for the animal(s) during the Teaching class:** |  | | |
| **Contact Details:** |  | | |
| **Location where animal(s) participation/teaching occurs** |  | | |
| **Aims and benefits of the teaching class:** |  | | |
| **Duration of animal(s) participation:** |  | | |
| **Description of animal procedures to be carried out:** |  | | |
| **Possible discomfort, risks and complications and steps taken to minimise risks:** |  | | |
| **Possible benefits to the animal(s):** |  | | |
| **Animal(s) to be returned:** | **Yes** ⬜  **No** ⬜ | **If Yes, instructions to owner:** | |

**Voluntary Participation:**

The participation of your animal 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. If you withdraw, any data collected about your animal will be retained for analysis.

**Unforeseen Risks:**

Unforeseen risks might arise at any time during the teaching class. The teaching staff will promptly inform owners of all animals participating in the teaching class of any new information that may affect their willingness to participate.

**Termination of Participation by Chief Investigator:**

The teaching staff have the right to terminate the involvement in the teaching class for any and all participants at any time and for any reason.

**Financial Implications:**

There will be no cost to you for the participation of your animal in the teaching class. You will not be charged for any of the procedures performed solely for teaching purposes. You will receive no reimbursement for the participation of your animal in the teaching class. All unrelated costs for diagnosis, management and treatment of your animal are your responsibility (relates to veterinary studies). The University of Adelaide does not provide compensation or therapy for any injuries or losses that may occur as a result of participation. If the animal is insured you are advised to notify the insurer of involvement in a teaching class.

**Privacy:**

Personal information collected by the teaching staff will be used in accordance with the South Australian Information Privacy Principles. If you wish to enquire about the handling of your personal information, please contact the University Privacy Compliance Officer on (08) 8313 4539.

**Confidentiality:**

Owner and animal confidentiality will be maintained. No identification of individuals will be made when reporting or publishing the data arising from the teaching class. (relates to sensitive veterinary issues)

*(Additional Clauses Tailored to the details of the Teaching as required)*

**Questions:**

1. If you have any questions or concerns relating to the practical aspects of the teaching class please feel free to ask at any point. You are free to contact the teaching staff – Chief Investigator and the Responsible Person - using the contact details provided above.

2. This research study has been approved by the University of Adelaide Animal Ethics Committee. If you wish to discuss other matters or concerns relating to this project with the Animal Ethics Committee you may contact either of the following AEC contact personnel:

|  |  |
| --- | --- |
| **Animal Welfare Officer:** | **Animal Ethics Committee Secretariat** |
| Dr Gail Anderson Tel: (08) 8313 4107 Mob: 0435 190 114 Email: gail.anderson@adelaide.edu.au c/- Office of the Deputy Vice-Chancellor & Vice-President (Research)  THE UNIVERSITY OF ADELAIDE SA 5005  Dr Adam O’Connell  Tel: (08) 8313 3441  Mob: 0421 615 147  Email:adam.oconnell@adelaide.edu.au  c/- Office of the Deputy Vice-Chancellor & Vice-President (Research)  THE UNIVERSITY OF ADELAIDE SA 5005 | Kathryn Zagrodzki-Nash Tel: (08) 8313 4104 Email: Kathryn.zagrodzki-nash@adelaide.edu.au  Office of Research Ethics, Compliance and Integrity  Research Branch Level 4, Rundle Mall Plaza, 50 Rundle Mall THE UNIVERSITY OF ADELAIDE SA 5000 |

**CONSENT FORM - FOR ANIMAL PARTICIPATION IN TEACHING**

**NAME & IDENTIFICATION OF ANIMAL(S)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Species:** |  |
| **Breed:** |  |
| **Sex:** |  |
| **Age:** |  |
| **Other identifying features (e.g. coat colour, tag number):** |  |

1. I, ................................................................................................................. *(please print name)* certify that I am at least 18 years of age and am the owner (or duly authorised representative of the owner) of the above animal(s) and that the animal(s) are free of any lien or claim by any other person or persons.
2. I acknowledge that I have read the attached Information Sheet for the Teaching Class entitled: ……………………………………………………………………………………………………………….. and have had the participation of my animal(s) in the teaching class fully explained to me by the teaching staff member: ………………………………………………………………………………………… *(please print name)*
3. I understand that this participation in teaching will involve leaving my animal(s) in the care of suitably trained and authorised staff of the University of Adelaide (insert suitable substitute wording as appropriate to the specific teaching class). I have had the opportunity to ask questions and discuss any aspects of the participation with the teaching staff member.
4. I understand that the participation of my animal(s) is voluntary, and I may withdraw my animal(s) for any reason at any time. My consent is freely given.
5. I understand that some risk always exists when animal handling and animal procedures are performed. I understand that the teaching staff will inform me of any new risks that may be identified or any material changes in the way the teaching class will be conducted.
6. I am aware that this project has current approval by the University of Adelaide Animal Ethics Committee.
7. I understand that all private data pertaining to me and my animal(s) will be treated in strict confidence.
8. I am aware that I should retain a copy of this Consent Form and attached Information sheet.
9. *(Additional Clauses Tailored to the details of the Teaching Class as required)*

**CONSENTING OWNER/AUTHORISED AGENT**

|  |  |
| --- | --- |
| Name: | *Proof of ownership shown:* |
| Signature: | Date: |
| Contact Address: | ContactTelephone: |

**WITNESS DECLARATION**

I have described to the animal owner/authorised agent the nature of the animal(s) participation in the teaching class. In my opinion he/she understood the explanation.

|  |  |
| --- | --- |
| Witness’s name: |  |
| Role in teaching Class: | |
| Signature: | Date: |

*NOTE*Original of consent form to be retained by the Chief Investigator

Copy to be given to the consenting owner/agent

Copy to be kept in the animal’s record (if applicable)