**Consent Form for animal participation in research**

**Research Project:** **name and animal ethics approval number**

**Name of Researcher:**

**DETAILS OF CONSENTING OWNER/AUTHORISED AGENT OF ANIMALS**

|  |  |
| --- | --- |
| **Name of Owner** |  |
| **Address of Owner** |  |
| **Phone number of Owner** |  |
| **Email of Owner** |  |

**DETAILS OF ANIMAL(S)**

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

|  |  |
| --- | --- |
| 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. | Yes/No |
| I hereby give my approval for these animals being supplied alive for use in research conducted in accordance with any conditions imposed in an approval granted by the UNE Animal Ethics Committee and the Animal Research Act 1985 which governs the conditions under which animal research may be conducted. | Yes/No |
| I acknowledge that I am responsible for arranging transport of the animals to the research site and will bear the cost of doing so. |  |
| I acknowledge that I have read the material contained in the Information Sheet for Owners attached to this Consent Form and any questions I have asked have been answered to my satisfaction. | Yes/No |
| I understand that the participation of my animal(s) is voluntary, and I may withdraw my animal(s) for any reason at any time. I understand that if I withdraw my animals, I am responsible for arranging and bearing the cost of collecting and transporting my animals from the research site within seven (7) days. | Yes/No |
| I understand that although the research investigator(s) conduct their study with all due care, some risk always exists when animal handling and animal procedures are performed. | Yes/No |
| I understand that the research investigator(s) will inform me of any new risks that may be identified or any material changes in the way the study will be conducted. | Yes/No |
| I understand that if an animal is either injured or dies while in the care of the UNE research project, the researchers will examine the circumstances and report them to me... | Yes/No |
| I understand that the research project/UNE agrees to pay for any veterinary care if required during the trial, and all costs associated with the animals’ care. | Yes/No |
| I am aware that this project has current approval by the University of New England Animal Ethics Committee. | Yes/No |
| I understand that UNE will hold and manage my personal information collected for this Consent Form in strict confidence and in accordance with the UNE Privacy Management Rule. I understand that I have the right to access and update my personal information held by UNE. | Yes/No |
| I am aware that I should retain a copy of this Consent Form and attached Information sheet. | Yes/No |
| *(Additional Clauses Tailored to the details of the Research Study as required)* | Yes/No |

**CONSENTING OWNER/AUTHORISED AGENT**

|  |  |
| --- | --- |
| Name: | *Proof of ownership shown:* |
| 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 with the project daily log*