

CONSENT FORM

Title of Research Project: Canine Hip Registry

Researcher(s) Anderson Moores Veterinary Specialists

Please initial box

- | | |
|---|--------------------------|
| 1. I confirm that I have read and have understood the information sheet dated 30 th June 2009 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. | <input type="checkbox"/> |
| 3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish. | <input type="checkbox"/> |
| 4. I agree to take part in the above study. | <input type="checkbox"/> |

Participant Name (print)

Participant e.mail (required)

Date (dd/mm/yyyy)

Signature

Name of Person taking consent

Date

Signature

Researcher

Date

Signature

The contact details of lead Researcher (Principal Investigator) are:

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