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Hawkshead Lane, N. Mymms AL9 7TA

## OWNER CONSENT FORM

I give permission for my dog named below to participate in this study as described. I have read and understood the Owner Information Sheet and have been given the opportunity to ask questions. Following completion of diagnostic testing by my veterinary surgeon, I give permission for any residual blood sample to be stored and used for clinical research purposes that will include antibody testing and genetic analysis. I understand that the results of the study will be published, but that any personal details provided on the Sample Submission Form will be treated as confidential information by the Royal Veterinary College.

**PLEASE COMPLETE IN BLOCK LETTERS:**

\_\_\_\_\_

\_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owners can withdraw from the study at any time and this will not have any detrimental effect on the care of their animal. Upon request, stored samples will be destroyed.

***This form must be returned with the Sample Submission Form to the Royal Veterinary College when the blood sample is submitted.***

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