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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 COMPLET	TE IN BLOCK LETTERS:	
Owners Signature		
Owners Signature:		
Date:		
Owners can withdraw fr	om the study at any time and this will not have an	y detrimental effect on the care of
their animal. Upon reque	est, 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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