

Client Consent Form

Cornell University Veterinary Genetics Archive

(Fill in Client /Patient information here, where available)

Client Name: _____

Client Kennel Name: _____

Address: _____

Client Phone Number: _____

Client Email Address: _____

Patient "Registered" Name: _____

Patient "Call" Name: _____

DOB: _____

Species: _____ **Breed:** _____

Gender / Status: circle **M** **F** **Neutered** **Spayed**

AKC # _____ **CHIC #** _____

Weight (kg): _____

This consent form documents your agreement to allow the Cornell University College of Veterinary Medicine Department of Clinical Sciences to store DNA from your animal named above for future genetic research. There are a number of medical conditions well described in humans that also occur in animals; many of these are inherited. The clinical faculty at Cornell University is dedicated to providing state-of-the-art treatment and diagnostics for companion animals, farm animals, horses, exotic and zoo animals. To that end, studies currently on-going involve state-of-the-art molecular genetics. These studies are the future of medicine as they will help identify ways to improve disease diagnoses, treatments, as well as breeding programs to eliminate undesirable disease causing traits while maintaining other desirable qualities.

We ask that you grant permission to archive a sample of your animal's blood. This will involve either the retrieval of blood left over from clinical diagnostic testing or the collection of a blood sample. At the discretion of the DNA Archive oversight and review committee, the AKC number of your dog may be released to geneticists who are collaborating with Cornell. However, no information about your dog in any form will be

made available to the public. You retain the right to withdraw your animal's DNA from this program at any time. Your participation in this program will allow Cornell to develop one of the first large veterinary clinical DNA database systems in the world. Because of the experimental nature of the Genetic Archive, there will be no specific genetic information on your animal that will be reported to you.

Based on my conversation with _____ at Cornell University, I understand that DNA from a blood sample from my animal will be entered into the Cornell Veterinary Genetics Archive. I authorize the use of this DNA and my animal's medical record information for clinical investigative purposes (e.g. disease discovery and studies of genetic disease transmission). I understand that there will be no cost to me for participation in this program. My questions about this program have been answered to my satisfaction. If I have any additional questions about this program, I may contact the following individuals:

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Email: dnabank@cornell.edu

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Name Printed: _____

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