



VIRGINIA-MARYLAND

REGIONAL COLLEGE OF VETERINARY MEDICINE

Virginia Tech, Blacksburg VA 24061
(540) 231-4621

Investigative Clinical Project Consent Form

I, the undersigned hereby certify that I am the owner (or duly authorized agent of the owner) of the animal identified above. I further understand that I have been asked to participate in a Virginia-Maryland Regional College of Veterinary Medicine (VMRCVM) investigative project. The study that my animal is participating is entitled:

Accuracy of non-invasively determined pulmonary artery pressure in dogs with myxomatous mitral valve disease

Investigators: M. Borgarelli, DVM

Jonathan A. Abbott, DVM

Sonya Wesselowski, DVM

Giulio Menciotti, DVM

Sunshine Lahmers, DVM

Before giving my consent by signing this form, I acknowledge that I have been informed of the purpose and nature of this study. I acknowledge that I have been informed that right heart catheterization carries the risk of minor and major complications that in rare instances can lead to death. I also acknowledge that consent to participate in the project will not result in additional costs being incurred to me.

I understand that at any time I have questions about my decision to participate in the study to which I am consenting, I am encouraged to ask the attending clinician or principal investigator. With a thorough understanding of this information described above, I voluntarily consent to have my animal participate in this study.

Owner or Agent Signature _____

Date: _____

Attending Clinician Signature _____

Date: _____