

# HORSE OWNER CONSENT FORM

Study Description: Equine Rotavirus Survey

Study Number: B850R-XC-12-012      Veterinarian: \_\_\_\_\_  
Name of the Veterinarian

Animal Name 1 : \_\_\_\_\_

Animal Name 2\*: \_\_\_\_\_

Animal Name 3\*: \_\_\_\_\_

Age: Younger than 3 months  
(92 days) of age

\* Only to be completed if the owner enrolls more than 1 foal. No more than 3 foals should be enrolled per same location (foals housed together)

1. I hereby certify that I am the owner (or authorised agent of the owner) of the above-named animal(s) and that I am 18 years or older.
2. The Veterinarian has explained the nature of the study. I have been offered ample opportunity to ask questions and have received answers that fully satisfy those questions.
3. I have informed the Veterinarian of the animal(s) history to the best of my knowledge.
4. I agree to inform the Veterinarian immediately if my animal(s) shows any signs of ill health or abnormality, or if any unusual event occurs within 72 hours following the procedure.
5. I have been made aware that I have certain rights under the data protection laws. I give my consent to the collection, processing, disclosure and transfer (including transfers to persons outside the European Economic Area (EEA)) of my personal data for the purposes of the administration of this study.
6. I understand that I will not be referred to by name or otherwise identified in any report or publication. I confirm that I do not wish to restrict the use of personal data or results which arise from this study in any way, save where this conflicts with my rights under any relevant data protection laws.
7. I voluntarily allow my animal's participation in this study.

Owner's Name: \_\_\_\_\_

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