



## Clinical Research Project Client Consent Form

**Study Title:** Three-dimensional echocardiographic morphologic analysis of the mitral valve in growing Cavalier King Charles Spaniels

**Principal Investigator:** Giulio Menciotti  
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One of the missions of the Virginia-Maryland College of Veterinary Medicine is to create, disseminate and apply medical knowledge through discovery, learning, and engagement. You are invited to participate in this mission by enrolling your animal in a clinical research study. Your participation is voluntary, and you may withdraw your animal from the study at any time by notifying the Principal Investigator. There is no penalty if you choose not to participate.

### Study Purpose:

The purpose of this study is to investigate the shape of one of the heart valves (mitral valve) using three-dimensional ultrasound (echocardiography)

### Study Design/Procedures:

Once enrolled in this study, your dog will undergo a regular visit, and an echocardiography, which is an ultrasound of the heart, comprehensive of acquisition of three-dimensional images. In Cavalier King Charles Spaniels, if no abnormalities are identified during the visit or the echocardiogram, we will repeat the visit and the echocardiography every 8 weeks, until the dog reached 14 months of age. For dogs of other breeds, we will perform only one examination at 14 weeks of age.

### Risks and Benefits:

The procedures involved in this study are not invasive and not associated with any risk.

### Study Costs and Compensation:

If your dog is found eligible for the study, the cost of all the visits and echocardiographic examinations required by the study will be covered, and therefore will be free of charge. Any additional exam that your dog might be deemed to require following the clinician's examination will not be covered, and will be discussed with you before being performed.

### Confidentiality:

The data collected in the course of this study is confidential. In any publication or presentation of the study data, we will not include information that would make it possible to identify a research participant. Research records will be kept in a secure location; only researchers will have access to the records.

### Statement of Consent:

In giving my consent by signing this form, I acknowledge that I have been informed of the purpose and nature of this study and its associated procedures, as well as any possible side effects.

I have read and understood the above information. I have been given the opportunity to ask questions and receive answers, and I consent to participate in the study. I further certify that I am the owner (or duly authorized agent of the owner) of \_\_\_\_\_ .  
(Animal's name)

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Agent Printed Name: \_\_\_\_\_

Attending Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Clinician Printed Name: \_\_\_\_\_

**Please don't hesitate to contact us if you have any questions or concerns about this study.**

The research and procedures have been reviewed and approved by the Virginia Tech Institutional Animal Care and Use Committee and the Virginia-Maryland College of Veterinary Medicine Clinical Research Review Committee.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, please contact:

Hospital Director,  
Veterinary Teaching Hospital  
Address: 245 Duck Pond Dr.,  
Blacksburg, Virginia 24061-0443  
Phone: 540.231.4621

You will be given a copy of this form to keep for your records.