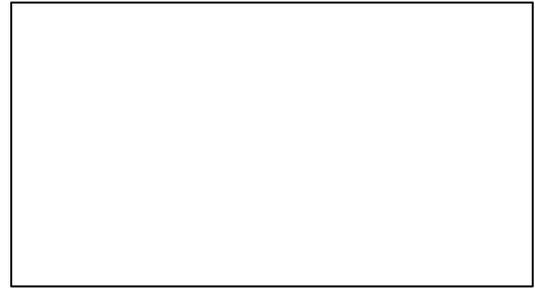




Virginia Polytechnic Institute and State University
Veterinary Teaching Hospital
Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443
Phone: 540-231-4621 | Fax: 540-231-9354



Clinical Research Project Client Consent Form

Study Title: Clinical and echocardiographic predictors of outcomes in dogs with degenerative mitral valve disease

Principal Investigator: Michele Borgarelli
5402318507

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 entirely 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:

In this study, we try to evaluate the clinical utility of different measurement methods of left atrial size and change in resting respiratory rate.

Study Design/Procedures:

Once enrolled in the study, your dog will undergo a regular visit, and echocardiography, ultrasound of the heart. Additionally, you will be asked to monitor and record the resting respiratory rate at home daily and send the results via email. These procedures allow us to monitor the severity of your dog's heart disease (degenerative mitral valve disease) and its impact on your dog's quality of life. We then will repeat the conventional echocardiographic examination every six months until the development of congestive heart failure, or until at the end of the study period (July 2022). You will also be asked to fill out an online questionnaire three months following each echocardiographic examination.

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 recheck exams, echocardiographic examinations, and thoracic radiograph (chest X-rays) required by the study will be covered, and therefore will be free of charge. Any medical treatments or other procedures that your dog might need 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.

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
Virginia-Maryland College of Veterinary Medicine
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.