

Patient ID (for office use only):

Owner Consent Form B for the Lyme and other Vector-Borne Disease Study

Project details:

Project Title:	Investigation into Lyme Disease and other Vector-Borne Diseases Infection in dogs in Australia	Ethics Permit No: R2385/10
Chief Investigator:	Associate Professor Peter Irwin	
Faculty/School:	Health Sciences, School of Veterinary and Biomedical Science	
Aims of project:	To detect evidence of infection in dogs in Australia by the organisms that cause Lyme Disease and other Vector-Borne Diseases	
Description of procedures to be carried out in this instance:	A blood sample will be taken today from a peripheral vein (either the jugular vein [in the neck] or the cephalic vein [in the front leg]). If this is part of another routine test procedure we ask you to give permission for slightly more blood (up to 10ml) to be taken than would otherwise be needed for the testing procedure. The blood sample will be tested by using the Snap 4Dx test immediately; this will tell us if your dog is infected with heartworm. You will be notified of any positive result. Later, as part of this research, the blood sample will be used to test for a variety of organisms including <i>Borrelia</i> , <i>Bartonella</i> .	
Possible risks and complications:	There may be some mild discomfort at the time of sampling, and it is possible that some swelling and/or bruising may occur at the site of the sampling. These are likely to be mild and short lasting.	
Animal to be returned home after procedure	Yes X	Please observe the site of blood sampling and contact the veterinarian who did the procedure if you have any concerns.

Animal details:

Pet's NAME:	
Pet's SEX: (male/female, entire/neutered)	
Pet's BREED:	
Pet's AGE:	

Owner details:

Owner's name:		
Address:		Postcode**:
Telephone or email address:		
Proof of ownership shown:		

**** We are testing dogs that reside in the Northern Beaches and Ku-Ring-Gai areas only – Postcodes 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108 and 2084.**

PTO

I have read the above summary of the study and I understand the nature and duration of the study. I am aware that this project has current approval by the University's Animal Ethics Committee. I have had the opportunity to ask questions and discuss any aspects of the project with the researcher.

I hereby give the chief investigator and any authorised staff consent and authority to perform the above procedures on my animal. I understand that all the data pertaining to me and my animal(s) will be treated in strict confidence.

I do hereby certify that I am the owner (or duly authorised representative of the owner) of the above animal(s) and that the animal(s) are free of any lien or claim by any other person or persons.

Consenting owner's signature: _____ Date: _____

Witness name and signature: _____ Date: _____

Contact for Chief Investigator: Dr Peter Irwin, School of Veterinary and Biomedical Sciences, MURDOCH UNIVERSITY, Western Australia, WA 6050. Telephone 08 9360 2590; Email: P.Irwin@murdoch.edu.au

We would be most grateful if you could answer the following questions

1. Have you ever found ticks on this dog? (Please circle) YES NO

2. Has this dog ever had tick paralysis? (Please circle) YES NO

a. If YES, how many months ago was the last episode?

3. Have you ever found fleas on this dog? YES NO

4. Do you apply any type of anti-parasite treatment to this dog? (flea or tick treatments)? If so please provide the name of the product(s) you use and how often you apply them.

5. Has this dog ever travelled any significant distance away from your current home?

a. In NSW? Please list places visited and dates (or how frequently)

b. Interstate? Please list the states visited and dates (or how frequently)

c. Overseas? Please list the countries visited (or where the dog came from)

Thank you very much for your participation in this study and for your time in completing this questionnaire. If you have ANY questions about this study, please don't hesitate to contact me:

Peter Irwin

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