

# SAMPLE CONSENT FORM

## WASHINGTON STATE UNIVERSITY

### Informed Consent Form for Animal Owners

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**Animal Number/Name** \_\_\_\_\_  
(if more than 1, please use multiple animal form)

**Owner / Location (state)** \_\_\_\_\_

#### Purpose of this form

We would like to include your packgoat in an on-going research study designed to identify the prevalence and distribution of the respiratory pathogen, *Mycoplasma ovipneumoniae*, and the causative microbial agents of “pinkeye”, *Mycoplasma conjunctivae* and *Chlamydia* spp. This form is to provide information to help you decide whether you want your goat(s) to be in the study or not. **Please read this form carefully.**

**You can ask questions** about the purpose of the study, the possible risks and benefits, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want your goat(s) to be in the study or not.

#### Purpose of this Study

The purpose of this study is to collect nasal and conjunctival swabs from packgoats across the United States to screen for carriage of *Mycoplasma ovipneumoniae* and agents associated with keratoconjunctivitis (“pinkeye”). Additionally, blood/serum may be used for checking antibody titers to one or more of these potential pathogens.

Packgoat use on public lands defined as bighorn sheep habitat is being prohibited across the Western United States. This prohibition is based on the potential that domestic goats can carry *Mycoplasma ovipneumoniae*, a primary bacterial agent associated with bighorn sheep pneumonia, and bacterial agents that cause pinkeye (*Mycoplasma conjunctivae* and *Chlamydia* spp) in wild sheep and goats. In order to understand the prevalence and distribution of these potential bacterial pathogens we are requesting samples from packgoats across the United States to use in this study. Identifying reservoir species/hosts and distribution of these bacterial

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pathogens will help determine the potential risk to wildlife as well as possible costs to the health of the hosts (ie. packgoats), as *M. ovipneumoniae* is also a pathogen to domestic goats and sheep provided the right circumstances (ie. environmental stressors/unidentified host factors) and pinkeye is a recognized disease entity that can affect domestic goats and sheep. To participate, your packgoat(s) will have nasal and conjunctival swabs collected and 10 mL of blood drawn from the jugular vein.

You understand this is an ADRU-ARS-USDA research project, therefore costs covered will include veterinary/authorized field personnel charges (when/if applicable), supplies, shipping costs, and testing. Should owners decide to participate prior to ADRU being able to identify resources and field veterinarians/personnel, the owner will be responsible for the cost of the veterinarian, however the other costs will be covered.

You also understand that your goat(s) can be withdrawn from the study if the investigators find it necessary. If your pet is withdrawn from the study for any reason, data already collected may continue to be used for research purposes or baseline data for establishing a clinical service. Enrolling your packgoat(s) in this study is voluntary and you can withdraw permission and/or your packgoat(s) from the study at any time. If your packgoat(s) is/are withdrawn from the study for any reason, data already collected may continue to be used for research purposes.

Your name will not be used for any publication/reporting purposes.

Your decision to participate, not participate, or withdraw your goat(s) from the study will not affect your relationship with WSU or the USDA.

Name of PI: Margaret A. Highland, DVM, PhDc, Dipl. ACVP

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

### Subject's Statement

This study has been explained to me. I agree that my goat(s) can take part in this research. I have had a chance to ask general questions about the research, with the researcher listed above.

I certify that I am the legal owner or custodian of the goat(s) and have the authority to consent medical treatment for this/these goat(s).

Owner Name

Signature

Date

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