Participant Consent Form

Research study: VetCompass Australia (VCA)

Professor Mark Krockenberger
Sydney School of Veterinary Science
Email: vet.compass@sydney.edu.au

Organisation Name _____

I agree to take part in this research study. In giving my consent, I confirm that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to investigate patterns of disease, clinical care, risk factors and outcomes across the animal population by analysing records contributed by participating veterinary practices and wildlife care organisations.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to provide routine de-identified records from my practice, display client information materials and record any client opt-out requests..
- I understand that participation involves working with the University's technical team to establish and maintain automated data-flow processes.
- I understand that if I provide consent my information may be used in future research associated with this project.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team, the University of Sydney or any collaborating organisation.
- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information identifying me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following (optional):

I consent to the addition of my organisation's logo and hyperlink to the VetCompass Australia website	Yes ☐ No ☐
I consent to being contacted for future studies	Yes ☐ No ☐
I consent to my data being used in future research	Yes ☐ No ☐

- Please provide your preferred contact details:

Organisation _____

Contact name _____

Postal address _____

Email _____

Phone: _____

Website _____

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

Owner/Authorised Agent

Name _____

Signature _____

Date _____