

Committee on Research Ethics

**HORSE OWNER OR AGENT ACTING ON BEHALF OF THE OWNER
PARTICIPANT CONSENT FORM**

Title of Research Project: COLIC 2020 – IMPROVING OUTCOMES IN EQUINE COLIC

Researcher(s): Chief Investigator Professor Debra Archer

Please
initial box

1. I confirm that I have read and have understood the information sheet dated 4th February 2019 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from the study whilst my horse (or the horse or pony I am acting as an agent for on behalf of the owner) is undergoing treatment for colic at the participating clinic, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I agree for data about my horse to be used which may include contact about their progress after they have been discharged home from the clinic.
4. I agree for my horse to be enrolled in the Lidocaine Trial if my horse fulfils the eligibility criteria. I understand that eligibility will be confirmed with me once surgery has been performed (if surgical treatment is needed).

Name of Horse owner <i>(or agent acting on behalf of the owner)</i>	Date	Signature
------------------------------------------------------------------------	------	-----------

Clinic staff member taking consent	Date	Signature
------------------------------------	------	-----------

Principal Investigator	Date	Signature
------------------------	------	-----------

Chief Investigator:
Professor Debra Archer
Equine Hospital, Leahurst Campus, University of Liverpool,
Neston, Wirral. CH64 7TE
0151 794 6041
ColicResearch@liverpool.ac.uk

Principal investigator:
Name of vet at clinic:

Work Address
Work Telephone
Work Email