



ABN 15 211 513 464

**VetCompass**  
**Faculty of Veterinary Science**

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### PRACTICE PARTICIPANT CONSENT FORM

I, .....[PRINT NAME], give consent for my  
Practice/s .....

[PRINT PRACTICE NAME/S] to participate in **VetCompass**.

In giving my consent I acknowledge that:

1. Animal health records from my practice will be collected by VetCompass and retained in the VetCompass database. They will be used to undertake statistical analyses and produce documents that will be in the public domain, such as PhD theses, external reports, published scientific research papers and the VetCompass website.
2. The researcher may approach my practice with the request for further clinical health details, laboratory or referral reports on the animal to validate the accuracy and completeness of the data collected. Participation in VetCompass does not put my practice under any obligation to provide these extra records. I understand that I will be asked to provide additional written consent for this to proceed.
3. Future studies may be developed to investigate a specific disease syndrome or risk factor further. Participation in this original VetCompass project does not put my practice under any obligation to participate in further studies if I do not wish. If I do wish to participate, a new consent form and ethics approval number will be provided for this study. I will be asked to re-identify the animal from the animal identifier code and send a letter of request and consent to the client for voluntary participation in this further study involving their animal.
4. The procedures required for the project and the time involved have been explained to me and any questions I have about the project have been answered to my satisfaction.
5. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
6. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

7. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published, however no information about my practice or my clients will be used in any way that is identifiable.

8. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney now or in the future.

9. I consent to the addition of my practice logo and hyperlink to the VetCompass website.

YES  NO

Practice website address: .....

10. For communication about VetCompass, please use the following contact details.

Postal Address: .....

.....

Email: .....

Phone: .....

.....  
Signature of practice owner or agent

.....  
Please PRINT name

.....  
Date