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SCHOOL OF VETERINARY MEDICINE
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8743

Owner Consent Form – Equine Genetic Research

IACUC# 24054

Investigator: Carrie J. Finno, DVM, PhD, Diplomate ACVIM

Purpose and background: Our laboratory studies the genetic basis for many inherited diseases in the horse including, but not limited to, equine neuroaxonal dystrophy/degenerative myeloencephalopathy (NAD/EDM), Shivers, myofibrillar myopathy (MFM), occipitoatlantoaxial malformation (OAAM), juvenile idiopathic epilepsy (JIE), cervical vertebral malformations or anomalies, anhidrosis and immune-mediated myositis (IMM). We often require DNA from healthy breed and age-matched control horses in order to investigate the underlying cause of many of these diseases.

Procedures: If your horse fits criteria as an affected or control horse for a disease we are studying, we will perform a thorough neurologic examination. The results of the examination will be made available to you in writing if you so request. The examination will consist of assessment of cranial nerve function, muscle symmetry and mass, stance at rest and assessment of your horse's gait while walking in a straight line, serpentine, turning in small circles, backing, walking with his or her head elevated, and walking up and down a step and/or hill. Blood samples for DNA collection will be collected from the jugular vein.

Benefits: By allowing us to obtain a DNA sample (via blood) from your horse, you will greatly assist our genetic research into the cause of many inherited diseases. Our goal is to develop genetic tests to prevent future cases.

Cost to Client for Participation: There is no cost to the client for participation.

Confidentiality: All client and animal details, and information obtained from this study will be considered confidential and only used for research purposes. The results of our study will be published in scientific journals without the identity of the farms involved or horses involved being disclosed.

Questions and Contact Number: The contact person for this study is Dr. Carrie Finno (530)-908-1929. Either the researchers or the owner of horses involved in this study has the right to withdraw at any time.

I understand that there may be unforeseen risks involved in any research activity. If I have any concerns about the performance of this study, I can contact the University of California, Davis IACUC (530) 752-2364.

Right to refuse or withdraw: *Participation in this study is voluntary; refusal to participate will not have any effect on your animal's future medical care.*

Consent:

☐ I agree to participate in this study.

☐ I have been given a copy of this form and have been given a chance to read it.

☐ I agree that *this procedure (i.e. blood collection) can be performed on my animal.*

Owner Name:

Signature:

Date:
