## **Animal Research Caregiver Consent Form**

## **Project Information**

Project Title
Principal Investigator
Institution/Organization
Contact Information
Animal Information
Allina illomation
Species
Identification/Name
Number of Animals
Purpose of Research
Procedures Involved

Potential Benefits/Risks
Caregiver Rights
Voluntary participation
Right to withdraw at any time
Assurance of animal welfare Confidentiality of related information
Confidentiality of related information
Questions & Additional Comments
By signing below, I acknowledge that I have read and understood the information provided above and consent to participate as an animal caregiver in this research project.
Caregiver Name
Signature
Date