

**Research Study Consent**

**Urinary and Serum Doxycycline Concentrations in Dogs with Renal Insufficiency**

The purpose of this study is to evaluate blood and urine doxycycline concentrations in dogs with chronic kidney disease (CKD) and healthy dogs. This will provide insight into if doxycycline is a drug that could be used to treat urinary tract infections in dogs with CKD and other diseases.

Your pet’s participation in the study will include one day-long visit (12 hours) during which time they will receive one dose of doxycycline by mouth. Your dog will have blood drawn three times total, one for screening bloodwork, and then twice for doxycycline blood concentrations. Additionally, all of your dog’s urine will be collected after they receive a single oral dose of doxycycline.

Possible benefits of enrolling your pet in this study include free screening bloodwork and urinalysis, at a value of approximately $150.

Potential risks of enrolling your pet include momentary discomfort during blood draws.

The study will cover the cost of bloodwork and urinalysis for your dog.

The research team may publish the results of this study for the benefit of animal health; however, you and your pet will not be identified individually.

Enrolling your pet is completely voluntary. If you decide not to enroll in this study, any relationship that you or your pet have with UW Veterinary Care, or the School of Veterinary Medicine will not be affected in any way. You may withdraw your pet from the study at any time, for any reason, without consequences.

My signature indicates that:

* I have read, understand, and agree to the above information about the study.
* All my current questions have been answered.
* I agree to enroll my pet in this clinical study.

**I consent to enroll \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_** \_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and certify that I am the legal custodian/owner of this pet.**

**Owner name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will receive a copy of this consent form.

The contacts for the study are Sara Huebner & Jessica Pritchard, ckdantibiotics@vetmed.wisc.edu, 608-263-7600. Please contact us if you have any additional questions or concerns about the study. Thank you!