

# RIDLEY FIBRE-BEET VETERINARIAN PRODUCT REVIEW



## Participant Informed Consent



FIBRE-BEET AS A RECOVERY FEED FOR HORSES RECOVERING FROM GASTRIC ULCERS

**COMPANY SPONSORING PROJECT**

RIDLEY AGRIPRODUCTS

**PRODUCT BEING USED**

FIBRE-BEET

**MANUFACTURER OF PRODUCT**

BRITISH HORSE FEEDS

### INFORMATION SHEET

As the owner or duly authorised agent for the owner you have been asked to have your animal participate in a feeding project. Your informed consent is required for this use. Please read this document and accompanying consent form carefully and feel free to ask any questions you might have.

PROJECT TITLE	Fibre-Beet as a recovery feed for horses recovering from gastric ulcers
COMPANY SPONSORING PROJECT	RIDLEY
CONTACT DETAILS	1300 666 657
LOCATION WHERE ANIMALS PARTICIPATE	Owners Property
AIMS AND BENEFITS OF THE PROJECT	The development of a feeding program for horses recovering from EGUS will improve the welfare of the impacted horses through improved body condition and general health and mobility.
DURATION OF THE ANIMALS PARTICIPATION	6 weeks
DESCRIPTION OF ACTIVITY	1: Feeding Fibre-Beet as per the feeding instructions from your Veterinarian. 2: Monitoring and recoding your animals body condition

**1:** I, \_\_\_\_\_ (please print name) certify that I am at least 18 years of age and am the owner (or duly authorised representative of the owner) of the above animal(s) and that the animal(s) are free of any lien or claim by other person or persons.

**2:** I acknowledge that I have read the attached Information sheet for the project entitled: IMPACT OF FIBRE-BEET AS A RECOVERY FEED FOR HORSES RECOVERING FROM GASTRIC ULCERS and have had the participation of my animal(s) in the project fully explained to me by the participating veterinarian;

\_\_\_\_\_ (please print name of Veterinarian)

**3:** I understand that participation in this project will involve feeding my animal as per the instructions of the participating Veterinarian and I have had the opportunity to ask questions and discuss any aspects of the project participation with the participating veterinarian.

**4:** I understand that some risks always exist when animal handling and procedures are performed. I understand that the participating Veterinarian will inform me of any new risks that may be identified or any material changes in the way the project will be conducted.

**5:** I understand that the participation of my animal(s) is voluntary, and I may withdraw my animal(s) for any reason at any time. My consent is freely given.

**6:** I understand that all private data pertaining to me and my animal(s) will be treated in strict confidence.

**7:** I am aware that I should retain a copy of this consent form and attached information sheet.

NAME: \_\_\_\_\_ PROOF OF OWNERSHIP SHOWN YES NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

### WITNESS DECLARATION

I have described to the animal owner/authorised agent the nature of the animal(s) participation in the project.

In my opinion they understood the explanation.

WITNESS NAME: \_\_\_\_\_ ROLE IN STUDY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

NOTE: Original of consent form to be retained by participating veterinarian & kept in the animal's record (if applicable). Copy to be sent to the consenting owner/agent.



Ridley Corporation Limited | ABN 33 006 708 765  
PO Box 16187, Collins Street West, Melbourne, VIC 8007

Level 4, 565 Bourke Street, Melbourne, VIC 3000  
Ph: +61 3 8624 6500 | Fax: +61 3 8624 6505