



**UNIVERSIDADE FEDERAL DO PARÁ
INSTITUTO DE MEDICINA VETERINÁRIA
HOSPITAL VETERINÁRIO**

CONSENT TERM AND ENLIGHTENMENT TO PERMISSION FOR DATA COLLECTION AND APPLICATION

College professor/Researcher responsible: Felipe Masiero Salvarani

Aim of study: Study of infectious, deficiency, metabolic, genetic and immunological diseases in animals in the Amazon Biome

Potential risks to animals: not applicable

Timeline: 2023/2025

ENLIGHTENMENT TO THE OWNER ABOUT THE ANIMAL'S PARTICIPATION IN THIS STUDY/PROJECT

Your authorization to include your animal(s) in this study is voluntary. Your animal(s) may be withdrawn from the study at any time without causing any harm to you and/or them. The confidentiality of your personal data will be preserved. The Veterinarian responsible for your animal(s) will be **Loise Araújo de Sousa**, registered with the **CRMV number 8201**. In addition to him, the team of **Professor/Researcher Dr. Felipe Masiero Salvarani**, who will also be responsible for the well-being of your animal(s) throughout the study until its end. When necessary, during or after the study period, you can contact the principal researcher or his team through the contacts:

Emergency Phone: +55 (91) 993173503

Team: Prof. Dr. Felipe Masiero Salvarani

CONSENT TERM

I, _____, ownership/legal guardianship of the animal(s) _____, declare that I have been duly informed about all the procedures of this study, its risks and benefits to the animal(s) which(es) I am responsible. I was also informed that I can withdraw my animal(s) from the study at any time. By signing this consent form, I declare that I authorize the participation of my animal(s), identified below, in this study and the use of this study results for future publications.

Ownership name/Legal guardianship of animal(s):

Cadastro de pessoa física (CPF)

Animal(s) identification (repeat the table as many times as the number of animals of the same ownership/legal guardianship).

Name:		Identification Number:
Species:	Breed:	Gender:

This document will be signed in two copies, one copy will be with the legal guardianship and the Other with the responsible professor/researcher.

(City), Date(day/month/year)

Responsible Professor/Researcher signing

Ownership/Legal Guardianship signing