Veterinary Consent Form

**Clinical Trial for Viroplazin Antiviral Medication **

Protocol Number: [Protocol ID] **Trial Investigator:** [Veterinarian/Researcher Name] **Institution:**[Clinic/Hospital/Research Facility Name] **Contact Information:** [Address, Phone, Email]

Introduction: You are invited to enroll your pet in a clinical trial evaluating Viroplazin, an investigational antiviral medication. This trial aims to determine the safety and effectiveness of Viroplazin for treating viral diseases in dogs and cats, specifically canine parvovirus, canine distemper, feline rhinotracheitis, feline calicivirus, and feline panleukopenia. This study complies with guidelines of ethical conduct.

Purpose of the Study: To evaluate the safety, efficacy, and clinical outcomes associated with Viroplazin treatment in viral infections of dogs and cats.

Procedures: Your pet's participation will include:

- Administration of Viroplazin according to the detailed dosing schedule defined by the trial protocol.
- Regular veterinary evaluations, including clinical examinations, blood collection, and laboratory analyses.
- Daily completion of standardized symptom and health assessment questionnaires.

Risks and Benefits:

- **Risks:** Possible mild side effects include gastrointestinal discomfort, lethargy, or allergic responses. Additional unforeseen risks cannot be entirely excluded.
- **Benefits:** Potential health improvements, symptom relief, and enhanced veterinary monitoring throughout the study.

Alternatives: You may choose not to enroll your pet in this clinical trial and pursue standard veterinary treatment options instead.

Confidentiality: All collected data will remain confidential and secure. Results may be published or shared in scientific settings, but your and your pet’s personal information will remain confidential .

Costs and Compensation: Participation is not change the regular price of the treatment , including medication and study-related veterinary care. . No monetary compensation is offered for participation .

Voluntary Participation: Your participation is entirely voluntary. You can withdraw your pet from the trial at any time without penalty or loss of standard veterinary care.

Owner Consent: I have read and understood the information provided. My questions have been answered satisfactorily, and I voluntarily consent to my pet's participation in this clinical trial.

Pet Name: _____

Owner’s Name: _____

Owner’s Signature: _____ Date: _____

Veterinarian/Researcher Name: _____

Signature: _____ Date: _____