**Declaration of Dog Owner’s Consent**

I, ...........................................................................................................................................................................................

E-mail (IN CAPITAL LETTERS):.......................................................................................................................................

hereby confirm that I and my dog(s) participate in the ethological research conducted by the ELTE-MTA Családi Kutya Program voluntarily and at my own risk.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dog’s name |  | | | | | | | | | | | | | | | Breed | Sex | Age (years) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| I have read the participant prospectus and understand the aims and procedures of this research.[[1]](#footnote-1) | yes | no |
| By participating in this research I give permission for my anonymized data: to be used in the context of this research and to be shared for the purposes of this research, in the form of statistically analysed results published in scientific and educational reports –  in compliance with pertinent data protection laws. | **yes** | **no** |
| I understand that all of my personal or identifying information (names, e-mail addresses) will be stored separately from all other information, so that my personal and research data cannot be connected in any way. | **yes** | **no** |
| I am aware that I may discontinue participating in this research at any time (without penalty or loss of benefits to which I am otherwise entitled). | **yes** | **no** |
| I understand that this research will be videotaped for scientific purposes (only researchers will have access to/be able to view the videos). | **yes** | **no** |
| I approve of the videos being used for illustrative purposes (e.g., at conferences, in press releases). | **yes** | **no** |
| I confirm that, to the best of my knowledge, the above-named dog(s) is/are free from infectious diseases, has/have received all officially required vaccinations, and is/are not in heat. | **yes** | **no** |
| Should my dog(s) exhibit symptoms of an illness at any time throughout the duration of this study, I will take him/her/them to the veterinarian and inform the research staff about any illnesses or medical treatments and also about any changes in the animal’s/animals’ condition that may impact the results of the research. | **yes** | **no** |
| I declare that I keep my dog(s) leashed on campus (1117 Budapest, Pázmány Péter sétány 1/C) and take care that he/she/they does/do not jump on the ground floor parapet that conceals a ditch. I also declare that any relevant injuries or damages are my responsibility. | **yes** | **no** |
| Please, inform me when a summary of the research becomes available and on what website it is made available to the public. | **yes** | **no** |

Date: Budapest, .............................................................

Completed by the Researcher:   
Name of study: ......................................................

Researcher: ..........................................................

...........................................................................................

dog owner’s signature

1. Please, underline/circle your response to each of the statements below. [↑](#footnote-ref-1)