

## 2025 PU Research-Ultrasound Clinic Informed Consent

You are volunteering to enroll your dog in a clinical research trial. The purpose of this research is to investigate the heredity of Pigmentary Uveitis in Golden Retrievers. It will examine the frequency of iris cysts present in older Golden Retrievers in determining the association with pigmentary uveitis. This research clinic is not intended nor is it a substitution for the annual OFA eye health exam.

If you consent to this protocol, you will be asked to provide a pedigree for your Golden Retriever. You will also be asked to provide a blood sample (6 ml) from your dog for DNA extraction. You will also allow Dr Wendy Townsend to perform a complete ocular examination, including an ultrasound of the eyes. This is a non-invasive painless procedure.

Your participation is voluntary. There is no cost for participating.  
If you do agree to the protocol, your dog will be included in this study.

If you have any questions about this research, please contact  
Dr Wendy Townsend, Purdue Veterinary Teaching Hospital, (765) 494-1107

_____	_____
Date	Owner Signature
Dogs call name: _____	Date of Birth _____
Dog's registered name _____	
GRLS Participant? Yes _____ No _____	If so, Participant (Hero) Number _____
Microchip/Tattoo# _____	Sex: Male _____ Female _____
Spayed or Neutered: Yes _____ No _____ Has your dog attended a previous PU research clinic? Yes _____ No _____	
Sire's Registered Name _____	
Dam's Registered Name _____	
History of pigmentary uveitis in pedigree? Yes _____ No _____ If yes, please describe:	
_____	
_____	
Owner's name _____	
Address: _____ City, State, Zip _____	
Email _____ Phone _____	
Preferred appt date/time _____	

Appointments will be scheduled AFTER judging times are announced. You will be contacted via email (or by phone if you'd rather) with your appointment day and time before the first day of the clinic.

**The information collected at this clinic is for research purposes ONLY. All forms of communication will be kept in the strictest confidence.**

Please contact: [2025NationalPUClinic@gmail.com](mailto:2025NationalPUClinic@gmail.com) Subject line "PU clinic" with any questions or concerns