

University of Wisconsin - Madison
Research Participant Information and Consent Form

Study Title: Dog Health and Ultrasound in the neighborhood

Principal Investigator: Jonathan Nelson (Phone: 505-604-5469) (Email: jknelson3@wisc.edu)

Student Researcher: Alton Hipps(540-435-1709)

Description of the research

You are invited to participate in a research study about the use of maps in mitigating the effect of ultrasound in neighborhoods on dogs. We invite you to participate in this study. You have been asked to participate as an individual interested in improving dog health and well-being or interested in maps.

The purpose of the research is to allow us to better understand decision making and potentially help improve canine health and well-being.

This study will include adults with the ability to complete an online survey. Participants must also be literate in English, have full color vision, and no visual or hearing impairments.

This research will be conducted via an online survey available wherever internet connection is available.

What will my participation involve?

If you decide to participate in this research, you will be asked to complete an online survey. Your participation will last approximately 15 minutes at most per session and will require 1 session which will require 15 minutes in total.

Are there any risks to me?

There is a risk of a breach of confidentiality. Data will be stored securely according to campus policy and only de-identified data will be made publicly accessible.

Are there any benefits to me?

We don't expect any direct benefits to you from participation in this study.

How will my confidentiality be protected?

This study is confidential. Neither your name or any other identifiable information will be published.

Only the research team will have access to study data. Data will be stored securely according to campus policy.

If you participate in this study, we would like to be able to quote you directly without using your name. If you agree to allow us to quote you in publications, please initial the statement at the bottom of this form.

Whom should I contact if I have questions?

You may ask any questions about the research at any time. If you have questions, concerns, or complaints, or think that participating in the research has hurt you, talk to the research team or contact the Principal Investigator Jonathan Nelson at 505-604-5469.

If you have concerns about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. UW Staff not part of the study team will work with you to address concerns and assist in resolving any complaints.

If you decide not to participate or to withdraw from the study, you may do so without penalty.

Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this form for your records.

Name of the Participant (please print):

Signature:

Date:

_____ I give my permission to be quoted directly in publications without my name.