Clinical Research Project
Cat Owner Consent Form

Study Title: Weight loss protocol for obese cats
Principal Investigator: Megan Shepherd

One of the missions of the Virginia-Maryland College of Veterinary Medicine is to create, disseminate and apply medical knowledge through discovery, learning, and engagement. You are invited to participate in this mission by carolling your animal in a clinical research study. Your participation is entirely voluntary, and you may withdraw your animal from the study at any time by notifying the Principal Investigator. There is no penalty if you choose not to participate.

Study Purpose:
The prevalence of obesity in our pets is stagnant. Generally, weight loss plans work. However, owners often express concerns with their pet’s perceived quality of life (i.e. begging when food is restricted) and this concern may lead to ‘cheating’. Perhaps if the weight loss plan is a positive experience to pet owners, owners would be happier to complete a prescribed weight loss plan. Providing pet owner support by way of detailed weight loss plans with scheduled monthly rechecks may help to foster a more positive experience with a pet’s weight loss. This study seeks to determine if a personalized and detailed weight loss plan and monthly rechecks will (1) impact cat owner’s perception of the weight loss plan and (2) successfully promote obese cat weight loss at a rate of 0.5%-2% initial body weight per week. To include your cat in the study we are requesting that body weight and body condition score be collected initially and at each monthly recheck.

Study Design/Procedures:
For this study, your cat’s body weight and body condition score (BCS) will be evaluated. Body condition score will be evaluated using a 9-point scale; BCS chart on page 3. Information about your cat’s diet and management will also be collected. At the initial evaluation, you will be asked to complete an initial questionnaire. At the initial evaluation, a detailed weight loss plan, including transition instructions, will be developed and delivered verbally and in writing. You will also receive the weight loss food prescribed in your cat’s weight loss plan. You will be asked to return to the VTH for monthly rechecks, which will involve repeated evaluation of body weight and BCS. You will also be asked to complete a monthly questionnaire.

Risks and Benefits:
The benefit of this study are…
1. Your cat will have a weight loss plan designed specifically for her/him.
2. The weight loss plan will be designed to promote healthy weight loss.
3. Your cat may become more active as her/his weight reduces.
4. By participating in this study, you and your cat will benefit others by helping to improve the success of weight loss plans for obese cats.

Potential risks of this study are …
1. Cats sometimes become stressed when they travel to and spend time at a veterinary clinic. Our VTH is certified by the American Association of Feline Practitioners as a silver-level Cat Friendly Practice (http://www.vetmed.vt.edu/vth/services/aa-community-practice.asp).
2. Body condition scoring involves manual palpation that some cats resist. However, the process only takes about 1 minute to complete.

Study Costs and Compensation:
The weight loss plan and food will be provided by the study. The only cost to cat owners is the initial evaluation and subsidized monthly rechecks.

Confidentiality:
No identifying information about you or your cat will be disseminated. Your cat will be identified only by the assigned ID number to protect your privacy. Information gained from this investigation may be used for educational purposes, which may include publication, but the identity of all cats and owners participating in this study will remain confidential.

Statement of Consent:
By signing below I am acknowledging that and agreeing to:
1. I have read and understood the above information.
2. I understand the nature and purpose of this study.
3. I approve of the monthly measurement of my cat’s body weight and body condition score and understand the possible risks.
4. I am willing to fill out an initial & monthly questionnaire(s) about my cat.
5. Information gained from this investigation may be used for educational purposes, which may include publication, but the identity of cats and owners participating in this study will remain confidential.
6. I have been given the opportunity to ask questions and receive answers.
7. I consent to participate in the study.

I further certify that I am the owner (or duly authorized agent of the owner) of ____________________________

Owner or Agent Signature: ____________________________ Date: __________

Attending Clinician Signature: ____________________________ Date: __________

Please don’t hesitate to contact us if you have any questions or concerns about this study.
The research and procedures have been reviewed and approved by the Virginia Tech Institutional Animal Care and Use Committee and the Virginia-Maryland Regional College of Veterinary Medicine Veterinary Teaching Hospital Board.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, please contact:

Hospital Director,  
Veterinary Teaching Hospital  
Virginia-Maryland Regional College of Veterinary Medicine  
Address: 245 Duck Pond Dr., Blacksburg, Virginia 24061-0443  
Phone: 540-231-4621

You will be given a copy of this form to keep for your records.