

**CONFIDENTIAL**

**MEDICINES CONTROL AUTHORITY**  
**MEDICINES AND ALLIED SUBSTANCES CONTROL ACT (CHAPTER 15:03)**  
**CONSENT OF OWNER OF ANIMAL WHICH WILL**  
**PARTICIPATE IN A CLINICAL TRIAL**

*(To be completed in triplicate)*

I *(state Full names)* .....

of *(state address)* .....

do hereby confirm that I have freely given my consent for my *(state kind of animal)*.....

to participate in the clinical trial to be conducted by.....

at *(state name\* of the institution or place where the trial is to be conducted)*.....

.....

for the purpose of .....

Date.....

.....

Signature of owner of animal

.....  
*Witness*