

CANINE DNA RESEARCH

Breed _____

Individual Dog Information

Litter ID code: _____

Blood – Tissue – other _____

Registered Name _____ Call name _____

AKC# _____ Birth Date _____

Male / Female - - Intact / Neutered

Sample Submission Date: _____ Color _____

Sample submitted for which research project? _____

Owner: name _____ Alternate _____

address _____ Contact _____

phone (day) _____

phone (eve) _____

fax _____

e-mail _____

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

Y - N Allergies

Y - N Digestive difficulties

Y - N Arthritis

Y - N Heart Problems

Y - N Autoimmune Disorders

Y - N Hernia (where? _____)

Y - N Bite or Tooth Abnormalities

Y - N Reproductive Problems

Y - N Cancer / Tumors

Y - N Seizures

Y - N Cataracts / Vision Problems

Y - N Skin / Coat Problems

Y - N Deafness / Hearing Impaired

Y - N Skeletal Abnormalities (Hip Dysplasia, etc.)

other (please list):

Y - N Temperament Problems (shy, aggressive, etc.)

Testing done on this dog:

OFA/PennHip Y - N age at test: _____ result: _____ # _____

CERF Y - N age last tested: _____ result: _____ # _____

Thyroid Y - N age last tested: _____ result: _____

other (please list):

Other Comments / Questions / Concerns?

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.

- I will / will not consider donation of a tissue sample (spleen, kidney, or liver) upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

I submit this sample and pedigree for the purpose of DNA research; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: _____ date _____