

CANINE DNA RESEARCH

Individual Dog Information

Blood – Tissue – other _____

Breed _____

Litter ID code: _____

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 _____