

# **CANINE DNA RESEARCH**

## **Individual Dog Information**

Blood – Tissue – other \_\_\_\_\_

Breed **Pembroke Welsh Corgi**

Litter ID code: \_\_\_\_\_

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

AKC# \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female - - Intact / Neutered

Sample Submission Date: \_\_\_\_\_ Color \_\_\_\_\_

Sample submitted for which research project? **Degenerative Myelopathy**

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.) |
| Y - N Hindlimb weakness/paralysis | Y - N Temperament Problems (shy, aggressive, etc.) |

other (please list):

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 \_\_\_\_\_

**FOR DEGENERATIVE MYELOPATHY PROJECT ONLY,**

Please also complete the following questions.

Has this dog been diagnosed with Degenerative Myelopathy? Y - N

If yes, please answer the following questions:

Was Degenerative Myelopathy diagnosed in your dog by a veterinarian? Y - N

What year was the dog diagnosed with the disease? \_\_\_\_\_

Which of the following tests were done to make the diagnosis of degenerative myelopathy?

Spinal radiographs (X-rays) Y - N

Myelogram (contrast X-rays) Y - N

MRI or CT (CAT) scan of spine Y - N

Do you know of relatives of this dog that have been diagnosed with Degenerative Myelopathy ? Y - N

If so, please list the relationship to your dog (father, mother, offspring, sibling, etc.)

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If possible, provide us with a name and phone number/email address where we can contact the owner of that affected relative.

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