

INDIVIDUAL DOG INFO – Blood

Breed –

Litter ID Code –

Registered Name –

Call Name –

AKC # -

Birthdate –

Male -

Female –

Intact –

Neutered –

Color –

Sample Submission Date –

Sample submitted for which research project – epilepsy

Owner Info – (Name, Address, City, State, Postal Code, Country if outside the US, Co-Owner Information)

Home and fax –

History/Conditions

Allergies –

Arthritis –

Autoimmune –

Bite or tooth Abnormalities –

Cancer/Tumors –

Cataracts/Vision Problems –

Deafness/Hearing Impaired –

Digestive Difficulties –

Heart Problems –

Hernia -                    where –

Repro Problems –

Seizures –

Skin/Coat Problems –

Skeletal Abnormalities –

Temperament Problems –

Testing Done – OFA –            CERF –

Thyroid, Age last tested, result, -

Other –

Comments/Questions/Concerns –

- I am willing to provide additional blood samples if needed for research.

- I will 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.

Name:

Date –

Signature: