



CAVALIER KING CHARLES SPANIEL DNA RESEARCH

Individual Dog Information

Blood – Tissue – other _____

PROFESSIONAL WHO COLLECTED SAMPLE & LICENSE NUMBER: _____

Registered Name _____

Call name _____ AKC# _____

Birth Date _____ Male / Female - - Intact / Neutered

Litter ID#: _____ (AKC/CKC/Other _____) Permant ID# _____ (Microchip/Tatoo/Other _____)

Sample Submission Date: _____ Coat Color _____

Is this sample being submitted for an ongoing research project? Y – N (If yes, indicate which project below)

Research Project Name: _____

Owner Name _____ Address _____

City _____ State / Zip _____

Co-Owner Name _____ Address _____

City _____ State / Zip _____

Contact _____ Phone (day) _____

Phone (eve) _____ Fax _____

E-mail _____ Cell: _____

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 Mitrovalve Disease (Age of onset _____) |
| 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 Low Platelets / thrombocytopenia | Y - N Thyroid Disease |
| Y - N Anemia | Y - N Cushing Disease |
| Y - N Addison's Disease | Y - N Rough Coat Syndrome |
| Y - N Kidney Abnormalities | Y - N Congenital Heart Abnormalities _____) |
| Y - N Vaccination Reaction / Vaccinosis | Y - N Retinal Dysplasia |
| Y - N Progressive Retinal Atrophy | Y - N Episodic Falling Down Syndrome |
| Y - N Cataracts / Vision Problems | Y - N Skin / Coat Problems |
| Y - N Deafness / Hearing Impaired | Y - N Skeletal Abnormalities (Hip Dysplasia, etc.) |
| Y - N Suspected Syringomyelia | Y - N MRI Confirmed Chiari 1 Malformation/SM/COMS |
| Y - N Temperament Problems (shy/timid, possessive aggression, fear aggression, territorial aggression, Fly Catchers Syndrome, etc. – please specify _____) | |

Other: (please list)



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Individual Dog Information – Page 2

Registered Name _____

Testing done on this dog:

OFA/PennHip	Y - N	age at test: _____	result: _____	# _____
CERF	Y - N	age last tested: _____	result: _____	# _____
OFA Heart	Y - N	age last tested: _____	result: _____	# _____
Other Heart Check	Y - N	age last tested: _____	Who tested: _____	
OFA Patella	Y - N	age at test: _____	result: _____	# _____
Other Patella Check	Y - N	age last tested: _____	Who tested: _____	

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: _____

Print Name: _____