

Degenerative Myelopathy in Chesapeake Bay Retrievers

Owner Consent form for Collection and Storage of DNA

Owner Details

Last name:
First name:
Address:
Phone Number:
Email:

Dog Details

Home name
Kennel name (if applicable)
Sire (if known)
Dam (if known)

Date:

I hereby consent for blood to be taken and stored from the animal listed above, and for this blood to be used for extraction of DNA. I understand that this DNA will be used for research purposes only, and I give consent for this genetic material to be stored and made available to researchers in the field of animal disease and genetics. I also understand that it is not possible for specific information regarding genetic tests performed on my animal's DNA to be reported back to me.

Signed.....

All Information given will be kept strictly confidential, to be used for research purposes only.