

Individual Dog Information

Sample Type:

Blood / Tissue / Other CIRCLE ONE

Dog Details:

Litter ID code _____ Birth Date _____
Registered Name _____ Male / Female CIRCLE ONE
Call Name _____ Intact / Neutered CIRCLE ONE
AKC# _____ Sample Submission Date _____

Owner Details:

Name _____ Phone (day) _____
Address _____ Phone (eve) _____
_____ Email _____
_____ Website _____

Does this dog have any of the following conditions? (CIRCLE ANY THAT APPLY)

Allergies	Digestive difficulties
Arthritis	Heart Problems
Autoimmune Disorders	Hernia (where?)
Bite or tooth abnormalities	Reproductive problems
Cancer/tumors	Seizures
Cataracts/Vision problems	Skin/Coat problems
Deafness/Hearing Problems	Skeletal abnormalities (hip dysplasia etc)
Hindlimb weakness/paralysis	Temperament Problems (shy, aggression etc)

Other? (please list)

Details:

Questions relating specifically to degenerative myelopathy:

Has this dog been diagnosed with degenerative myelopathy? _____

If yes, please answer the following questions:

Was degenerative myelopathy diagnosed in your dog by a veterinarian? _____

If the diagnosis was made by a veterinary specialist, please give their name below:

What year was the dog diagnosed with degenerative myelopathy? _____

Which of the following tests were performed to make the diagnosis of degenerative myelopathy? (circle all that apply)

Spinal radiographs (X-rays)

Myelogram (X-rays with contrast injection)

MRI or CT (CAT) scan of spine

Do you know of relatives of this dog that have been diagnosed with degenerative myelopathy?

If so, please list their relationship to this dog (father, mother, offspring, sibling etc)

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