**Individual Dog Information**

**Sample Type:** Blood / Tissue / Other  
**Circle one**

**Dog Details:**

<table>
<thead>
<tr>
<th>Litter ID code</th>
<th>Birth Date</th>
<th>Registered Name</th>
<th>Male / Female</th>
<th>Call Name</th>
<th>Intact / Neutered</th>
<th>Sample Submission Date</th>
</tr>
</thead>
</table>

**Owner Details:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (day)</th>
<th>Phone (eve)</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
</table>

**Does this dog have any of the following conditions?** (Circle any that apply)

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

**Other? (please list)**

- 
- 
- 

**Details:**

- 
- 
- 

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Chesapeake Bay Retriever Degenerative Myelopathy Project

Individual dog information
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.

______________________________

______________________________

______________________________