UNIVERSITY OF MINNESOTA
Companion Animal Genetic Studies

Species:

Breed: _____ ☐ **Dog** ☐ **Cat** ☐ **Other:** _____

Registered Name: _____ **Call name:** _____

Registration Number: _____ **Birthdate:** _____

Sire: _____ **Sex:** ☐ **Male** ☐ **Female**

☐ **Intact** ☐ **Neutered/Spayed**

Dam: _____

Microchip/Tattoo: _____ **Coat Color:** _____

Owner Name _____

Street address _____

City, State, Zip _____

Country _____

Phone _____

E-mail _____

Reason for submission [if affected please include a copy of the diagnostic report(s)]:

Veterinarian who made the diagnosis

Name _____

Clinic _____

Street Address _____

City, State, Zip _____

Country _____

Phone _____

e-mail _____

Current Veterinarian, if different

Name _____

Clinic _____

Street Address _____

City, State, Zip _____

Country _____

Phone _____

e-mail _____

Does your pet have a history of (check all that apply):

☐ Addison's	☐ Diabetes	☐ Kidney Disease
☐ Arthritis	☐ Heart Disease	☐ Laryngeal Paralysis
☐ Bladder Stones	☐ Hip Dysplasia	☐ Seizures
☐ Cancer	☐ Hyperlipidemia	☐ Spinal Disc Disease
☐ Cryptorchid	☐ Hypothyroidism	☐ Torn Cruciate Ligament

Please elaborate on any checked items (age diagnosed, interventions taken, level of control achieved, etc.)

Does your pet have any other medical conditions or additional signs? If deceased, please state the cause or circumstances of death.

Owner Consent

Please indicate your response to the following:

* I am willing to provide additional blood or cheek swab samples if needed for research. ☐ Yes ☐ No

* I would like to receive my dog's gene mutation test results (if available)? ☐ Yes ☐ No

I understand that:

- A veterinarian will obtain a blood sample from my pet by venipuncture with standard methods and physical restraint, and that there is a risk of minor bruising. Sample type: 1-3 ml in a purple-topped EDTA tube.
- Alternatively, I or my veterinarian will obtain cheek swabs from my pet. I understand that cheek swabs should not be performed in stressed animals at risk of biting.
- There is no monetary compensation for participation; the only cost to participate is the cost of collecting and mailing in the samples (if applicable).
- I am submitting this sample for the purpose of DNA research.
- My participation is voluntary and I may withdraw at any time.
- The identity of pets and owners participating in the research will not be revealed.
- I have supplied complete and accurate information, to the best of my knowledge.
- I give the researchers directly involved in the study permission to contact my veterinarian(s) and to access information from my pet's medical record. I consent to the use of this information in this manner.

Signed _____ Date _____