

Individual Dog Information - WSU Chinook Cryptorchidism Research*

Blood – Tissue – other _____ Breed _____
Registered Name _____ Litter ID code: _____
AKC or UKC # _____ Birth Date _____ Call name _____
Sample Submission Date: _____ Male / Female - - Intact / Neutered
Color _____

Cryptorchid status: Unilateral – testis missing – Right or Left. Bilateral

Owner: Name _____ Alternate _____
Address _____ Contact _____

Phone (day) _____
Phone (eve) _____
Fax _____
E-mail _____

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 Heart Problems
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 Cataracts / Vision Problems	Y - N Skin / Coat Problems
Y – N Deafness / Hearing Impaired	Y - N Skeletal Abnormalities (Hip Dysplasia, etc.)
other (please list):	Y – N Temperament Problems (shy, aggressive, etc.)

Testing done on this dog:

OFA/PennHip Y – N age at test: _____ result: _____ # _____
CERF Y – N age last tested: _____ result: _____ # _____
Thyroid Y – N age last tested: _____ result: _____

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 Cryptorchidism 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 _____

* The form is adopted from Canine Epilepsy network < <http://www.canine-epilepsy.net/> >