Muscular Dystrophy Disease

Individual Dog Information

Breed _____

DCL # (we will complete):_____

Blood – Tissue – other _____

Registered Name _____ Call name _____

Registration # _____Birth Date _____ Sex? M – F Neutered/Spayed? Y – N

Sample Submission Date: _____ Color _____

Sample submitted for disease? ____Muscular Dystrophy_____

Owner: name _____

address _____

_____

phone (day) _____

phone (eve) _____

fax _____

e-mail _____

breeder's name _____

address _____

_____

phone _____

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	Movement Abnormalities	Y - N	Seizures
Y - N	Vision Problems	Y - N	Skin / Coat Problems
Y - N	Deafness / Hearing Impaired	Y - N	Skeletal Abnormalities (Hip Dysplasia, Brittle Bone, 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):

See following pages for questions on symptoms – please complete for ALL sampled dogs.

ATTACH PEDIGREE COPY TO THIS FORM (Optional)

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 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 DNA 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 _____

Muscular Dystrophy-specific Questionnaire

Has this dog been diagnosed as likely to be affected with Muscular Dystrophy (MD)? Yes No

Have any relatives of this dog been diagnosed with MD? Yes No Don't Know
If yes, which relatives? Sire Dam Sibling Offspring Other _____
Paternal Grandsire Paternal Grand-dam Maternal Grandsire Maternal Grand-dam

When is the best time to reach you by phone? _____

Veterinary Contact Information

Primary Care

Vet Name _____
Clinic Name _____
Address _____
City,St,Zip _____
Phone # _____
Email: _____

Specialist

Vet Name _____
Clinic Name _____
Address _____
City,St,Zip _____
Phone # _____
Email: _____

May we have your permission to contact your veterinarians to request records and discuss your dog's health history, diagnostic testing, and possible treatment options? Yes No

Signed: _____ date: _____

Disease sign survey follows – please complete for all sampled dogs

DISEASE SIGNS

Has you dog exhibited any of the following signs? Please circle the correct answer.
If you need additional space to describe changes, please use back of form or attach additional pages.

		Describe Changes and Indicate Age First Observed
1. Abnormal gait	never rarely frequently	_____
2. Hunched posture	none moderate severe	_____
3. Hind limb tremors	never rarely frequently	_____
4. Poor appetite	none moderate severe	_____
5. Reluctance to take long walks	none moderate severe	_____
6. Frequent sitting during walks	never rarely frequently always	_____
7. Generalized stiffness	never rarely frequently always	_____

Please describe any other physical or behavioral abnormalities:

_____

_____

_____

_____

_____

_____