



**CHIC DNA Repository**  
 2300 E Nifong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573)875-5073  
 www.caninehealthinfo.org

**Dog Call Name:** \_\_\_\_\_

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## Application for DNA Repository

*\* Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers \**

Previous application number (if any):		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:
Registered name:		Sex:		Other registry #:
Breed:		Date of Birth (month-day-year):		
ID Number (if any):	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Microchip	Registration number of sire:	Registration number of dam:
Owner name:		Co-owner Name:		
Mailing address:		Owner Email:		
City:	State:	Zip/postal code:	Owner Phone:	

Upon receipt and processing of this application, the owner will receive a Sample Submission Kit depending on the option selected below.

**DO NOT SUBMIT SAMPLE WITH THIS INITIAL APPLICATION.**

See back of this sheet for information on the Mission and Objectives of this project, as well as information on blood versus swab-based collections.

### Sample Submission Kit Order

- Swab Based Collection Kit ..... \$5.00  
*(includes 4 cheek swabs to be submitted, collection instructions, health survey, mailing labels)*
- Blood Collection Kit ..... \$20.00  
*(includes collection instructions, health survey, mailing labels)*

#### DNA Sample Submission Agreement

I hereby donate, assign, and transfer a DNA sample of the dog named above to the CHIC DNA Repository for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of the CHIC DNA Repository. I authorize the OFA and the AKC CHF to provide any researchers receiving a portion of this sample with all necessary information including pedigree and health history to make the sample useful. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of, the DNA sample.

\_\_\_\_\_  
 Signature of owner/agent

\_\_\_\_\_  
 Date



# CHIC DNA Repository Health Survey

Owner Name \_\_\_\_\_ Dog Call Name \_\_\_\_\_

## Has this dog ever been diagnosed with any of the following health issues?

*For each section you answer with a yes, please fill out the rest of the section. If you answer no to any section, skip to the next section.*

### Cancer/Tumors Yes No

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Liver cancer
- Lymphatic cancer
- Lymphoma
- Mammary cancer
- Mast cell tumor
- Melanoma
- Muscle cancer
- Osteosarcoma
- Ovarian cancer
- Pancreatic cancer
- Pituitary tumors
- Sebaceous gland tumors
- Squamous cell tumor
- Testicular cancer
- Other \_\_\_\_\_

### Gastrointestinal Disorders Yes No

- Bloat
- Colitis
- Inflammatory bowel disease
- Megaesophagus
- Other \_\_\_\_\_

### Cardiac Disorders Yes No

- Arteriosclerosis
- Cardiomyopathy
- Congestive heart failure
- Degenerative valve disease
- Heart murmur
- Mitral valve defect
- Pulmonic stenosis
- Subaortic stenosis
- Tricuspid valve defect
- Other \_\_\_\_\_

### Respiratory Disorders Yes No

- Collapsed trachea
- Elongated soft palate
- Stenosis nares
- Other \_\_\_\_\_

### Eye Disorders Yes No

- Cherry eye
- Corneal dystrophy
- Corneal ulcer
- Distichiasis
- Dry eye
- Entropion/ectropion
- Glaucoma
- Juvenile cataracts
- Optic nerve hypoplasia
- Progressive retinal atrophy
- Retinal dysplasia
- Retinal folds
- Senile cataracts
- Other \_\_\_\_\_

### Ear Disorders Yes No

- Chronic ear infection
- Deafness
- Other \_\_\_\_\_

### Neurologic/Muscular Disorders

#### Yes No

- Ataxia
- Atlanto axial subluxation
- Caudea equina syndrome
- Epilepsy
- Fibrocartilagenous embolism
- Intervertebral disc disease
- Lumbo/sacral stenosis
- Narcolepsy
- Spinal demyelination
- Wobblers syndrome (CVI)
- Other \_\_\_\_\_

### Skin Disorders Yes No

- Alopecia
- Autoimmune skin disease
- Demodectic mange
- Food/medicine allergies
- Persistent staph infection
- Seasonal allergies
- Sebaceous adenitis
- Seborrhea
- Other \_\_\_\_\_

**Liver Disorders**       Yes       No

- Hepatitis
- Portosystemic shunts
- Other \_\_\_\_\_

**Orthopedic Disorders**       Yes       No

- Arthritis
- Craniomandibular osteopathy
- Cruciate ligament rupture
- Elbow dysplasia
- Hip dysplasia
- Legg-Calve-Perthes
- Open fontanel
- Osteochondrosis dessicans
- Panosteitis
- Patellar luxation
- Spondylosis
- Vertebral anomalies
- Other \_\_\_\_\_

**Blood/Lymph Disorders**       Yes       No

- Anemia
- Autoimmune hemolytic anemia
- Hemophilia
- Idiopathic Thrombocytopenia
- Leukemia
- Phosphofruktokinase deficiency
- Platelet abnormality
- vonWillebrand's disease
- Other \_\_\_\_\_

**Endocrinologic Disorders**       Yes       No

- Addison's disease
- Cushing's disease
- Diabetes
- Hyperthyroid
- Hypothyroid
- Pancreatitis
- Pituitary disease
- Other \_\_\_\_\_

**Kidney Disorders**       Yes       No

- Bladder/kidney stones
- Chronic urinary tract infection
- Ectopic Ureters
- Familial kidney disease
- Fanconi syndrome
- Renal dysplasia
- Other \_\_\_\_\_

**Reproductive Disorders**       Yes       No

- Abnormal sperm
- Cryptorchid/monorchid
- Eclampsia
- Failure to conceive
- False pregnancy
- Genital infection
- Hermaphrodite
- Irregular heat cycle
- Litter resorption
- Mastitis
- Prostatitis
- Pyometria
- Sterility
- Testicular atrophy
- Other \_\_\_\_\_

**Temperament Disorders**       Yes       No

- Aggressive
- Fear of noise
- Fear of storms
- Rage syndrome
- Separation anxiety
- Timid
- Other \_\_\_\_\_

**Dental Disorders**       Yes       No

- Missing teeth
- Overbite
- Underbite
- Other \_\_\_\_\_

**Has this dog produced puppies? (fill out for sires as well as dams)**       Yes       No

If yes, approximately how many? \_\_\_\_\_

**Return this form and a 3-5 generation pedigree to the Canine Health Information Center**



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AMERICAN KENNEL CLUB  
**CANINE HEALTH FOUNDATION**