



CHIC DNA Repository

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Call Name:



AMERICAN KENNEL CLUB
CANINE HEALTH FOUNDATION

Application for DNA Repository (Doberman Pinscher Club of America DNA Collection Clinic)

Previous application number (if any) _____

Registration number AKC CKC Other _____

Registered name _____

Sex _____ color _____

Breed _____

Date of birth (month-day-year) _____

ID number Tattoo Microchip

Registration # of sire _____ registration # of dam _____

Owner name _____

Co-owner name _____

Street address _____

Owner email _____

City _____ State/Province _____ Zip/postal code _____

Owner phone _____

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 further understand that any distribution of samples to researchers will be in a blind format that maintains the anonymity of the dog and owner identities. If a researcher requires further information regarding an individual dog, owner contact will be initiated through CHIC. 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 _____

Mission Statement

The CHIC DNA Repository, co-sponsored by the OFA and the AKC/CHF, collects and stores canine DNA samples along with corresponding genealogic and phenotypic information to facilitate future research and testing aimed at reducing the incidence of inherited disease in dogs.

Objectives

- Facilitate more rapid research progress by expediting the sample collection process
- Provide researchers with optimized family groups needed for research
- Allow breeders to take advantage of future DNA based disease tests as they become available
- Foster a team environment between breeders/owners and the research community improving the likelihood of genetic discovery



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Health Survey

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.

Eye Disorders Yes No

- Distichiasis
- Dry Eye
- Entropion
- Juvenile Cataracts
- Non Healing Corneal Ulcer
- Retinal Dysplasia
- Persistent Pupillary Membrane
- Glaucoma
- Cherry Eye
- Other _____

Ear Disorders Yes No

- Chronic ear infection
- Deafness (if yes, describe coat color/pattern)
- Other _____

Skin Disorders Yes No

- Atopic Dermatitis (allergy to inhaled substances)
- Food/Medicine Allergies
- Alopecia
- Autoimmune Skin Disease
- Systemic Demodectic Mange
- Sebaceous adenitis
- Seborrhea
- Other _____

Gastrointestinal Disorders Yes No

- Pyloric Stenosis
- Megaesophagus
- Cleft Palate
- Chronic Vomiting
- Choric Colitis
- Inflammatory Bowel Disease
- Other _____

Respiratory Disorders Yes No

- Congenital Tracheal Stenosis (narrow trachea)
- Stenotic Nares
- Elongated Soft Palate
- Laryngeal Paralysis
- Other _____

Orthopedic Disorders Yes No

- Hip Dysplasia
- Patellar Luxation
- Elbow Dysplasia
- Premature IVD (intervertebral disc degeneration)
- Vertebral Anomalies
- HOD
- Other _____

Cardiac Disorders Yes No

- Vascular Ring (right aortic arch)
- Subaortic Stenosis
- Pulmonic Valve Stenosis
- Persistent Ductus Arteriosus
- Persistent Foramen Ovale
- Tricuspid Valve Defect
- Mitral Valve Defect
- Cardiomyopathy
- Porto-Systemic Vascular Shunt (Liver Shunt)
- Other _____

Urinary Disorders Yes No

- Ectopic Ureter
- Urinary Crystals / Stones
- Other _____

Blood/Lymph Disorders Yes No

- Autoimmune Hemolytic Anemia
- Hemophilia (Type A or B)
- Idiopathic Thrombocytopenia
- vonWillebrand's disease (Symptomatic?)
- Other _____

Endocrine Disorders Yes No

- Hypothyroid
- Addison's disease (adrenal insufficiency)
- Cushing's disease (adrenal oversecretion)
- Diabetes
- Other _____

Reproductive Disorders Yes No

- Cryptorchid/Monorchid
- Abnormal Sperm
- Testicular Atrophy
- Irregular heat cycle
- Uterine Inertia
- Other _____

Neurologic Disorders Yes No

- Epilepsy
- Caudea Equina Syndrome
- Degenerative Myelopathy
- Other _____

Cancer/Tumors Yes No

- Mast cell tumor
- Lymphoma
- Hemangiosarcoma
- Testicular cancer
- Mammary cancer
- Osteosarcoma
- Other _____