

English Springer Spaniel – DNA & PRA Research

Individual Dog Information Form

Blood – Tissue – other _____

Previously sampled - or - New sample?

Registered Name _____ Call name _____

Reg# _____ Birth Date _____ Sex? M – F Neutered/Spayed? Y – N

Sample Submission Date: _____ Color _____

Sample submitted for which research project? English Springer Spaniel - DNA & PRA

Owner: name _____ breeder's name _____

address _____ address _____

phone (day) _____ phone _____

phone (eve) _____

fax _____

e-mail _____ 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:

CERF Y - N (If "Y", please list all dates tested and results)

date: _____ result: _____ CERF # _____

date: _____ result: _____ CERF # _____

date: _____ result: _____ CERF # _____

date: _____ result: _____ CERF # _____

OFA/PennHip Y - N age at test: _____ result: _____ # _____

Thyroid Y - N age last tested: _____ result: _____

other (please list):

See following pages for PRA-specific questions – please complete for ALL sampled dogs.

ATTACH PEDIGREE COPY TO THIS FORM

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 _____

Canine PRA-specific Questionnaire

Has this dog been diagnosed as likely to be affected with Progressive Retinal Atrophy (PRA)?

Yes No

Answer the following 3 questions only if you answered "Yes" to the above question:

- Who made the diagnosis of PRA in this dog? (*check all that apply*)
 - My regular veterinarian
 - A veterinary ophthalmologist
(please list the ophthalmologist _____)
 - Other (please explain) _____
- How old was your dog when PRA was diagnosed? _____
- How was the diagnosis made? (*check all that apply*)
 - History and physical examination
 - Maze-testing
 - Electroretinogram (ERG)

Have any relatives of this dog been diagnosed with PRA? 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 # _____

Ophthalmologist

Name _____

Clinic Name _____

Address _____

City,St,Zip _____

Phone # _____

Other Specialist

Vet Name _____

Clinic Name _____

Address _____

City,St,Zip _____

Phone # _____

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: _____

CHANGES IN VISUAL ABILITY and PHYSICAL ACTIVITY

Compare this dog's current physical activity to its earlier activity and ability. Please circle the correct answer.
If you need additional space to describe changes, please use back of form or attach additional pages.

| | Normal - or - Degree of Change | | | | Describe Changes |
|--|---------------------------------------|------|----------|--------|-------------------------|
| 1. Bumps into objects, clumsy | normal | mild | moderate | severe | _____ |
| 2. Climbing up or down stairs | normal | mild | moderate | severe | _____ |
| 3. Ability to see during the day | normal | mild | moderate | severe | _____ |
| 4. Ability to see at night in dim light | normal | mild | moderate | severe | _____ |
| 5. Ability to see moving objects | normal | mild | moderate | severe | _____ |
| 6. Ability to see stationary objects | normal | mild | moderate | severe | _____ |
| 7. Ability to see near objects | normal | mild | moderate | severe | _____ |
| 8. Ability to see far away objects | normal | mild | moderate | severe | _____ |
| 9. Tremors or shaking | normal | mild | moderate | severe | _____ |
| 10. Seizures | normal | mild | moderate | severe | _____ |
| 11. Difficulty in movement or coordination | normal | mild | moderate | severe | _____ |
| 12. Increased stiffness or weakness | normal | mild | moderate | severe | _____ |
| 13. Changes in posture ("roached" back) | normal | mild | moderate | severe | _____ |
| 14. Tail carriage when alert & interested | normal | mild | moderate | severe | _____ |
| 15. Head movements | normal | mild | moderate | severe | _____ |
| 16. Trance-like behavior | normal | mild | moderate | severe | _____ |

CHANGES IN BEHAVIOR

Compare this dog's current behavior to its earlier behavior. Please circle the correct answer.

If you need additional space to describe changes, please use back of form or attach additional pages.

| | Normal - or - Degree of Change | | | | Describe Changes |
|--|---------------------------------------|------|----------|--------|-------------------------|
| 1. Housetraining | normal | mild | moderate | severe | _____ |
| 2. Interest in food (eating habits) | normal | mild | moderate | severe | _____ |
| 3. Appears nervous | normal | mild | moderate | severe | _____ |
| 4. Interaction/socialization with other dogs | normal | mild | moderate | severe | _____ |
| 5. Aggressiveness to other dogs | normal | mild | moderate | severe | _____ |
| 6. Aggressiveness to people | normal | mild | moderate | severe | _____ |
| 7. Tolerance to grooming or bathing | normal | mild | moderate | severe | _____ |
| 8. Ability to recognize/respond to commands | normal | mild | moderate | severe | _____ |
| 9. Recognizes you or other familiar people | normal | mild | moderate | severe | _____ |
| 10. Responses to noise/loud sounds | normal | mild | moderate | severe | _____ |
| 11. Circling or other compulsive behavior | normal | mild | moderate | severe | _____ |
| 12. Inappropriate or persistent vocalization | normal | mild | moderate | severe | _____ |

Please describe any other health problems or behavioral abnormalities:
