

Dog AKC Number \_\_\_\_\_

Please check all applicable boxes

Cancer

**Hemangiosarcoma**  
**Lymphoma**  
**Mast cell**  
**Osteosarcoma**  
**Other** \_\_\_\_\_

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
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Cardiac disorders

**Subaortic stenosis**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Dermatological disorders

**Atopic dermatitis**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Gastrointestinal disorders

**Bloat**  
**Megaesophagus**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
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Ear disorders

**Chronic ear infections**  
**Deafness**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
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Endocrine disorders

**Hypothyroidism**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Eye disorders

**Cataracts (Juvenile)**  
**Ectropion**  
**Entropion**

- |                                   |  |  |
|-----------------------------------|--|--|
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Neurological/muscular disorders

**Epilepsy**  
**Degenerative myelopathy**

- |                                   |  |  |
|-----------------------------------|--|--|
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Orthopedic disorders

**Elbow dysplasia**  
**Hip dysplasia**  
**Kinked tail**

- |                                   |  |  |
|-----------------------------------|--|--|
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| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Reproductive disorders

**Cryptorchid**  
**Monorchid**

- |                                   |  |  |
|-----------------------------------|--|--|
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| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Other \_\_\_\_\_

Other \_\_\_\_\_

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

**WHITE MARKINGS**

On the drawings at right, please indicate the shape, size and location of any white markings.

Write your dog's AKC # on all three DNA samples and mail with this form to: Dog DNA Research, Veterinary Genetics Laboratory, University of California, One Shield Ave., Davis, CA 95616-8744.

Questions? Contact Denise Flaim at 516-676-3398 or email [revodana@aol.com](mailto:revodana@aol.com)

