

RHODESIAN RIDGEBACK DNA SAMPLE

Dog's Registered Name _____

AKC Number _____

Name of sire _____ AKC # _____

Name of dam _____ AKC # _____

Date of Birth _____

_____ Male _____ Female Length of ridge _____ inches

_____ Ridged _____ Ridgeless Number of crowns _____

_____ Black nose _____ Liver nose

If there are two crowns, please check one of the following:

_____ Symmetrical crowns (directly opposite each other)

_____ Asymmetrical crowns (Offset by _____ inch)

Has this dog ever been bred? _____ If yes, were any of the resulting puppies ridgeless? _____

If this dog is ridged, were any of its littermates ridgeless? _____

Has this dog had a dermoid sinus? _____ Did any littermates have dermoid sinus? _____

If dog has been bred, did any of the resulting puppies have dermoid sinus? _____

Name of owner or agent _____

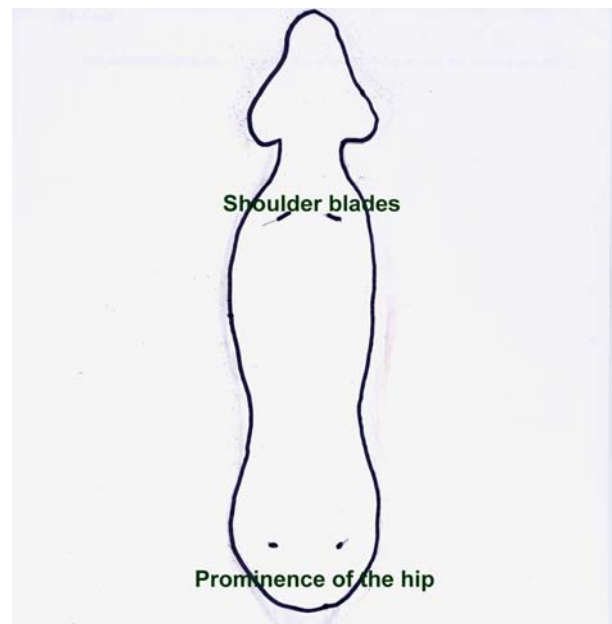
Owner's address _____

Owner phone _____ Owner email _____

In the box at right, please draw as accurate a picture as possible of your dog's ridge. Please remember to include all crowns, the shape of the fan, and tapering of the ridge, as well as its placement relative to the shoulder blades and prominence of the hip, which are noted on the diagram.

Comments about this dog's ridge, if any:

Please turn page and complete the other side of this form.



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 |
| <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

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

Megaesophagus

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

Ear disorders

Chronic ear infections

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

Deafness

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

Endocrine disorders

Hypothyroidism

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

Eye disorders

Cataracts (Juvenile)

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

Ectropion

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

Entropion

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

Neurological/muscular disorders

Epilepsy

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

Degenerative myelopathy

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

Orthopedic disorders

Elbow dysplasia

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

Hip dysplasia

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

Kinked tail

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

Reproductive disorders

Cryptorchid

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

Monorchid

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

Other _____

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

Other _____

- | | | |
|-----------------------------------|----------------------------------------------|------------------------------------------------------|
| <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

