



CHIC DNA Repository

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www.caninehealthinfo.org

Sponsored by

Call Name:



AMERICAN KENNEL CLUB
CANINE HEALTH FOUNDATION

Application for DNA Repository

(Pembroke Welsh Corgi 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 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

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



CHIC DNA Repository Health Survey

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

Eye Disorders

Yes No

- Distichiasis
- Progressive Retinal Atrophy (PRA)
- Entropion/Ectropion
- Juvenile Cataracts
- Non Healing Corneal Ulcer
- Retinal Dysplasia
- Persistent Pupillary Membrane (PPM)
- Glaucoma
- Cherry Eye
- Senior Cataracts
- Other _____

Ear Disorders

Yes No

- 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
- Dwarfism
- 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 _____

Kidney/Urinary Tract Disorders

Yes No

- Ectopic Ureter
- 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

- Ataxia
- Epilepsy
- Caudal Equina Syndrome
- Degenerative Myelopathy
- Other _____

Cancer/Tumors

Yes No

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