



**CHIC DNA Repository**  
2300 E Nifong Blvd, Columbia, MO 65201-3806  
Phone: (573) 442-0418; Fax: (573)875-5073  
[www.caninehealthinfo.org](http://www.caninehealthinfo.org)



**Dog Call Name:** \_\_\_\_\_

## Application for DNA Repository

Previous application number (if any):			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
					Other registry #:	
Registered name:			Sex:		Color:	
Breed:			Date of Birth (month-day-year):			
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Registration number of sire:		Registration number of dam:	
Owner name:			Co-owner Name:			
Mailing address:			Owner Email:			
City:		State:	Zip/postal code:	Owner Phone:		

Upon receipt and processing of this application, the owner will receive a Sample Submission Kit depending on the option selected below.

### DO NOT SUBMIT SAMPLE WITH THIS INITIAL APPLICATION.

Please fill out the health survey on the back of this form with later swab or blood submission.

### Sample Submission Kit Order

- ☐ Swab Based Collection Kit \$5.00  
(includes 4 cheek swabs to be submitted, collection instructions, health survey, mailing labels)
- ☐ Blood Collection Kit \$20.00  
(includes collection instructions, health survey, mailing labels)

### 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 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

*Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.*

\_\_\_\_\_  
Visa/Master Card Number

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
CVV (security code)



## CHIC DNA Repository 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?) ☐ Y ☐ N
- ☐ 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 \_\_\_\_\_