



Please print all information clearly.

Owner/Agent Information: _____ Date: _____					Thank you for your contribution. Your sample will be added to our database. Results on individual dogs will not be available. However, a copy of our research findings can be provided upon request. All information specified on this form is completely confidential.	
Name: _____						
Address: _____						
City: _____ State: _____ Zip: _____			Health problems: <i>Addisons, Cleft Palate, "Chondrodysplasia", immune disease, Megaesophagus, Pulmonic stenosis, Portosystemic Shunt</i>			
Phone: _____		Email: _____				
Registered Name of Dog (no titles)	Reg. #	Date of Birth	Sex (Circle)	Spay/Neuter (circle)	Addison's? (Circle)	Registered Name of Sire & Dam (no titles) If possible, please include pedigrees.
			M	Y	Y	Sire
			F	N	N <small>(see below)</small>	Dam
Addison's age of onset (if applicable; also if possible please include ACTH stimulation results):						
Health problems (especially any immune-mediated diseases such as autoimmune hemolytic anemia, immune-mediated thrombocytopenia, polyarthritis, etc):				Health of Parents, Siblings, & Offspring:		
Coat color: Red <input type="checkbox"/> Buff <input type="checkbox"/> Other <input type="checkbox"/> (explain):				Nose color: Self (red) <input type="checkbox"/> Black <input type="checkbox"/> Non-pigmented (pink) <input type="checkbox"/>		
White Markings (please check all that apply):						
Legs: None <input type="checkbox"/> Front: Feet R <input type="checkbox"/> L <input type="checkbox"/> Between digits and pastern R <input type="checkbox"/> L <input type="checkbox"/> Above pastern R <input type="checkbox"/> Rear: Feet R <input type="checkbox"/> L <input type="checkbox"/> Legs above digits R <input type="checkbox"/> L <input type="checkbox"/>				Face: None <input type="checkbox"/> White on nose <input type="checkbox"/> White on forehead <input type="checkbox"/> Full blaze <input type="checkbox"/> Back of neck <input type="checkbox"/> Back of head <input type="checkbox"/>		
Tail: None <input type="checkbox"/> White tip <input type="checkbox"/>				Chest: None <input type="checkbox"/> White spot: small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> Cross <input type="checkbox"/> Half collar <input type="checkbox"/>		

- Check box if you would like your dog(s) with Addison's disease included on a public list of affected Tollers.
- Check box if you authorize the use of your dog's information and DNA in other research studies.

I understand that results for individual dogs will not be available.

Signature: _____

Prep Date:

By: