

#### **CHIC DNA Repository**







## **Application for DNA Repository**

(Gordon Setter DNA Clinics)

Previous application	number (if any)		Registration number □ AKC □ CKC □ Other				
Registered name			Sex color				
Breed			Date of birth (month-day-year)				
ID number	oo 🗖 Microchip		Registration # of sire registration # of dam				
Owner name			Co-owner name Owner email				
Street address							
City State/Province Zip/postal code			Owner phone				
I hereby donate, assign I understand that any fi that any distribution of information regarding	outure use or distribution of the framples to researchers will be	e of the dog named above to is DNA sample will be with be in a blind format that main ntact will be initiated through	nin the sole direction and authority of the C ntains the anonymity of the dog and owne th CHIC. My intent in providing this DNA				
Signature of ow	vner/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

Owner Name	Dog Call Name

las	this	doa	ever	been	diagr	nosed	with	anv	of the	followin	a health	issues?

For eac	h section you answer	with a yes, pie	ase fill out the res	t of the section. If	you answer no i	o any section, skip	to the next section.
Cance	er/Tumors	☐ Yes	□ No	Eye D	Disorders	☐ Yes	□ No
	Fibrosarcoma				Cherry eye		
	Hemangiosarcom	na			Corneal dys	trophy	
	Leukemia				Corneal ulce	er	
	Liver cancer				Distichiasis		
	Lymphatic cance	r			Dry eye		
	Lymphoma				Entropian/ed	ctropian	
	Mammary cancer	r			Glaucoma		
	Mast cell tumor				Juvenile cata	aracts	
	Melanoma				Optic nerve	hypoplasia	
	Muscle cancer				Progressive	retinal atrophy	
	Osteosarcoma				Retinal dysp	olasia	
	Ovarian cancer				Retinal folds	S	
	Pancreatic cancer	r			Senile catara	acts	
	Pituitary tumors				Other		
	Sebaceous gland	tumors		Ear D	isorders	Yes	☐ No
	Squamous cell tu	mor			Chronic ear	infection	
	Testicular cancer				Deafness		
	Other			_ 🗆	Other		
Gastr	ointestinal Disc	orders 🛚	Yes □ No	o Neuro	ologic/Musc	ular Disorde	ers
	Bloat			☐ Ye	s 🛚 No		
	Colitis				Ataxia		
	Inflammatory bo	wel disease			Atlanto axia	l subluxation	
	Megaesophagus				Caudea equi	na syndrome	
	Other			_ 🗖	Epilepsy		
Cardi	ac Disorders	☐ Yes	☐ No		Fibrocartilag	genous embolis	
	Arteriosclerosis				Intervertebra	al disc disease	
	Cardiomyopathy				Lumbo/sacra	al stenosis	
	Congestive heart	failure			Narcolepsy		
	Degenerative val	ve disease			Spinal demy	elination	
	Heart murmur				Wobblers sy	ndrome (CVI)	
	Mitral valve defe	ct					
	Pulmonic stenosi	S		Skin	Disorders	☐ Yo	es 🛚 No
	Subaortic stenosi	S			Alopecia		
	Tricuspid valve d	lefect			Autoimmun	e skin disease	
	Other			_	Demodectic	mange	
Respi	ratory Disorder	rs 🔲 Y	res 🗆 No		Food/medic	_	
Ġ	Collapsed trachea	a			Persistent st	aph infection	
	Elongated soft pa	ılate			Seasonal all	ergies	
	Stenotis nares				Sebaceous a	denitis	
	Other			_ 🗖	Seborrhea		
					Other		

Liver Disorders ☐ Yes ☐ No	Kidney Disorders ☐ Yes ☐ No				
☐ Hepatitis	☐ Bladder/kidney stones				
☐ Portosystemic shunts	☐ Chronic urinary tract infection				
☐ Other	☐ Ectopic Ureters				
Orthopedic Disorders	☐ Familial kidney disease				
☐ Arthritis	☐ Fanconi syndrome				
Craniomandibular osteopathy	☐ Renal dysplasia				
☐ Cruciate ligament rupture	☐ Other				
☐ Elbow dysplasia	Reproductive Disorders ☐ Yes ☐ No				
☐ Hip dysplasia	☐ Abnormal sperm				
☐ Legg-Calve-Perthes	☐ Cryptorchid/monorchid				
☐ Open fontanel	☐ Eclampsia				
☐ Osteochondrosis dessicans	☐ Failure to conceive				
☐ Panosteitis	☐ False pregnancy				
☐ Patellar luxation	☐ Genital infection				
☐ Spondylosis	☐ Hermaphrodite				
☐ Vertebral anomalies	☐ Irregular heat cycle				
☐ Other	☐ Litter resorption				
Blood/Lymph Disorders ☐ Yes ☐ No	☐ Mastitis				
☐ Anemia	Prostatis				
☐ Autoimmune hemolytic anemia	☐ Pyometria				
☐ Hemophilia	☐ Sterility				
☐ Idiopathic Thrombocytopenia	☐ Testicular atrophy				
☐ Leukemia	Other				
☐ Phosphofructokinase deficiency	Temperament Disorders ☐ Yes ☐ No				
☐ Platelet abnormality	☐ Aggressive				
☐ vonWillebrand's disease	☐ Fear of noise				
☐ Other	☐ Fear of storms				
Endocrinologic Disorders ☐ Yes ☐ No	☐ Rage syndrome				
☐ Addison's disease	☐ Separation anxiety				
☐ Cushing's disease	☐ Timid				
☐ Diabetes	☐ Other				
☐ Hyperthyroid	Dental Disorders ☐ Yes ☐ No				
☐ Hypothyroid	Missing teeth				
Pancreatitis	☐ Overbite				
☐ Pituitary disease	☐ Underbite				
☐ Other	☐ Other				
Has this dog produced puppies? (fill out for sire	es as well as dams) 🔲 Yes 🔲 No				
If ves, approximately how many?					

Return this form and a 3-5 generation pedigree to the Canine Health Information Center



### **Canine Health Information Center**

2300 E Nifong Blvd, Columbia, MO 65201-3806 Phone (573) 442-0418; FAX (573) 875-5073

