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

Dog Call Name: _____

Application for DNA Repository

Previous application number (if any):			Registration number: ❑ AKC ❑ CKC	Other registry name: Other registry #:
Registered name:			Sex:	Color:
Breed:			Date of Birth (month-day-year):	
ID Number (if any): ❑ Tattoo ❑ 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)

[X] 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.

N/A	Collie Health Foundation	N/A	N/A
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
- ❑ Cataracts
- ❑ Collie Eye Anomaly/Coloboma
- ❑ Corneal Dystrophy/Keratopathy
- ❑ Entropion/Ectropion
- ❑ Keratoconjunctivits Sicca (Dry Eye)
- ❑ Pannus
- ❑ Persistent Pupillary Membrane
- ❑ Pigmentary Uveitis
- ❑ Primary Lens Luxation
- ❑ Progressive Retinal Atrophy
- ❑ Retinal Dysplasia
- ❑ Other _____

Ear Disorders ❑ Yes ❑ No
- ❑ Deafness
- ❑ Other

Skin Disorders ❑ Yes ❑ No
- ❑ Alopecia
- ❑ Atopic Dermatitis
- ❑ Autoimmune Skin Disease
- ❑ Hyperkeratosis
- ❑ Ichthyosis
- ❑ Sebaceous Adenitis
- ❑ Seborrhea
- ❑ Systemic Demodectic Mange
- ❑ Other _____

Gastrointestinal Disorders ❑ Yes ❑ No
- ❑ Cleft Palate
- ❑ Inflammatory Bowel Disease
- ❑ Megaesophagus
- ❑ Portosytstemic Shunt
- ❑ Other _____

Respiratory Disorders ❑ Yes ❑ No
- ❑ Elongated Soft Palate
- ❑ Laryngeal Paralysis
- ❑ Stenotic Nares
- ❑ Tracheal Collapse
- ❑ Tracheal Hypoplasia
- ❑ Other _____

Orthopedic Disorders ❑ Yes ❑ No
- ❑ Cruciate Ligament Rupture
- ❑ Elbow Dysplasia
- ❑ Hip Dysplasia
- ❑ Hypertophic Osteodystrophy (HOD)
- ❑ Legg-Calves-Perthes
- ❑ Panosteosis
- ❑ Patellar Luxation
- ❑ Vertebral Anomolies
- ❑ Other _____

Cardiac Disorders ❑ Yes ❑ No
- ❑ Arrthythmogenic Right Ventricular Cardiomyopathy
- ❑ Dilated Cardiomyopathy
- ❑ Mitral Valve Dysplasia
- ❑ Myxomatous Mitral Valve Disease
- ❑ Patent Ductus Arteriosus
- ❑ Pulmonic Stenosis
- ❑ Subaortic Stenosis
- ❑ Tricuspid Valve Dysplasia
- ❑ Ventricular Septal Defect
- ❑ Other _____

Urinary Disorders ❑ Yes ❑ No
- ❑ Ectopic Ureter
- ❑ Fanconi Syndrome
- ❑ Polycystic Kidney Disease
- ❑ Renal Dysplasia
- ❑ Urinary Crystals/Stones
- ❑ Other _____

Endocrine Disorders ❑ Yes ❑ No
- ❑ Addison's Disease
- ❑ Cushing's Disease
- ❑ Diabetes
- ❑ Hypothyroidism
- ❑ Other _____

Reproductive Disorders ❑ Yes ❑ No
- ❑ Abnormal Sperm
- ❑ Cryptorchid/Monorchid
- ❑ Testicular Atrophy
- ❑ Uterine Inertia
- ❑ Other _____

Neurologic Disorders ❑ Yes ❑ No
- ❑ Cerebellar Ataxia
- ❑ Degenerative Myelopathy
- ❑ Encephalitis
- ❑ Epilepsy
- ❑ Exercise Induced Collapse (EIC)
- ❑ Neuronal Storage Disease
- ❑ Other _____

Cancer ❑ Yes ❑ No
- ❑ Gastric Carcinoma
- ❑ Hemangiosarcoma
- ❑ Histiocytic Sarcoma
- ❑ Lymphoma
- ❑ Mammary Cancer
- ❑ Mast Cell Tumor
- ❑ Melanoma
- ❑ Osteosarcoma
- ❑ Testicular Cancer
- ❑ Other _____