

Research Participant Information Form

1) Owner information:

Name _____

Address _____

Phone _____

Email _____

May we contact you for additional information if necessary? Yes No

If yes, what do you prefer? mail email phone

2) Pug information:

Registered name _____

Call name _____

AKC registration number _____

Date of birth: _____

Sex: M F

Color: Fawn Black

Height: _____ Weight: _____

Is pedigree available and included with form? Yes No

If no: Will mail to investigator Will email to investigator

Date of last vaccinations: _____

Vaccinations administered: _____

Administering vet or person: _____

Phone or contact information: _____

Illnesses/ reactions believed to be vaccine associated: _____

Known chronic problems: _____

Daily medications: _____

Food (brand, amount fed): _____

Please indicate study association:

- Pug is suspected of having PDE
- Pug is related to a PDE affected pug
 - Affected pug had histopathology reflecting PDE
 - Affected pug had no histopathology
 - Affected pug had clinical laboratory analyses

Please indicate your Pug's relationship to the one believed to be affected: _____

Please list either the registered name of the Pug believed to be affected or the affected Pug's owner name (if a research participant): _____

Did affected pug undergo necropsy? Yes No

I hereby state that the above information is true and correct, and grant permission to the Texas A&M University Canine Genetics Research Laboratory to extract DNA from the tissue samples taken from this dog for ongoing genetic studies.

Signed _____ Date _____

PLEASE indicate if you wish for **CREMATION**: _____yes

_____no