



Dr. Petersen-Jones
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 Sciences
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Information Form for Michigan State University PRA Studies
ALL INFORMATION IS HELD IN COMPLETE CONFIDENCE

Please complete this form and provide us with as detailed a pedigree as possible.

BREED OF DOG: _____		AKC REGISTERED NAME: _____		COLOR: _____	
NAME OF SIRE: _____		NAME OF DAM: _____		HAVE YOU INCLUDED A PEDIGREE? <input type="checkbox"/> Y <input type="checkbox"/> N	HAVE YOU INCLUDED EYE EXAM. INFO? <input type="checkbox"/> Y <input type="checkbox"/> N
DATE OF BIRTH: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NEUTERED? <input type="checkbox"/> Y <input type="checkbox"/> N	PRA STATUS: <input type="checkbox"/> AFFECTED <input type="checkbox"/> CARRIER <input type="checkbox"/> UNAFFECTED <input type="checkbox"/> DON'T KNOW		
mo	da	yr	(check box)	(check box)	(check box)

Your Details:

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email : _____

History of Hereditary Eye Diseases (if any). Please provide copies of any current CERF forms.

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Please provide us with any contacts for obtaining samples from affected dogs or their relatives.

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