

Spina Bifida and Cleft Lip/Palate Study
DNA Submission Form
Canine Genetics Laboratory, Clemson University

FOR CGL USE ONLY

Laboratory tracking number _____

Owner Information

Owner Name: _____ Phone: _____

Address: _____

E-mail: _____

Dog Information (Please include pedigree with submission if available.)

Sex: M F (please circle) Birthdate: _____

Call Name: _____

Color: _____

Registered Name: _____

Sire: _____

Dam: _____

Has this dog been diagnosed with Spina Bifida (SB)? (please circle) N Y

Has this dog been diagnosed with Cleft Lip or Palate (CL/P)? (please circle) N Y

If yes, please provide the name of the diagnosing veterinarian:

Was the dam supplemented with dietary folic acid for this litter? (please circle) N Y Unknown

Please select the following **tail** classification that best describes this dog: (please circle)

Straight Screwed Kinked Curved Curly Other: _____

Have any parents, siblings, or offspring of this dog been diagnosed with SB or CL/P?

N Unknown Y (if yes, please indicate the condition and relationships below)

Does this dog have any other health problems? N Y (if yes, please describe below)

All information obtained in this study will be kept confidential by the CGL

Any questions about this study should be directed to Dr. Alison Starr:

864-656-0191 or astarr@clemson.edu