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INHERITED POLYNEUROPATHY IN LEONBERGER DOGS: GENETIC STUDIES
OWNER CONSENT FORM

Registered Name: _____

Call name: _____

Registration# _____

Birth Date: _____

Male/Female

Intact / Neutered

Sample Submission Date: _____ **Color:** _____

Owner Name: _____

Alternate Contact: _____

Address: _____

Phone (day): _____ **Phone (eve):** _____

Fax: _____

Email: _____

• Has this dog been diagnosed as being affected with polyneuropathy and Laryngeal paralysis? **Yes No**

**If yes, indicate how and by whom:

At what age did symptoms first appear?

Veterinarian(s) name, addresses, and phone number:

**If no, has your dog shown any signs of weakness, exercise intolerance, or loss of bark?

• Please list any littermates registered and call names and whether or not they are affected with polyneuropathy:

• Please list other related dogs that are possibly affected with polyneuropathy (registered name(s) if known):

• Please circle your response to the following:

o I **am/am not** willing to provide additional blood samples if needed for research.

o I **will/will not** consider donation of a tissue sample (spleen, kidney, or liver) upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in the file.

I submit this sample and pedigree for the purpose of DNA research; I agree to a phone interview or questionnaire if needed; I agree for my Veterinarian to be contacted if necessary; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed (Owner): _____

Date: _____

Signed (Principal Investigator): _____