

For Internal Use Only: # \_\_\_\_\_

Date received: \_\_\_\_\_

### CAIRN TERRIER RENAL DYSPLSIA STUDY

*\*Please note that all information obtained will be kept confidential.\**

Please fill out the following information on your dog and check the appropriate box.

1.	Owner: Name					
	Address					
	Phone number					
2.	Dog's registered name					
3.	Call name		4.	AKC number		
5.	Date of birth		6.	Sex	Male      Female	

7.	Please describe clinical signs and duration.				
8.	Prior Treatment (list) or include a copy of medical record				
9.	Has ultrasound been performed?	Yes – go to 10	No – go to 11		
10.	Please include copy of the ultrasound report or list veterinarian performing scan.				
	Vet's name				
	Address	8500 Arlington Blvd Fairfax, Va 22031			
	Ultrasound findings (circle one)	Normal	Mild	Moderate	Severe
	Comments:				
11.	If no ultrasound scan has been performed and you intend to have one done at a later time, please do not forget to send us a copy of the report. Thank you!				

Please provide the following and send it to the address below.

12.	Copy of the <b>pedigree</b>
13.	EDTA blood (2-5 mls; purple top tube)
14.	Signed <b>consent form</b> (included)
15.	This <b>study form</b> .

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