



Please enclose this form with the blood/buccal sample and use same identification as on the tube/envelope so they match

Breed of DOG. _____ ID# _____

Pedigree Name _____

Registration number _____ Microchip no _____

Date of birth: Day _____ Month _____ Year _____ Call name _____

Name of Sire _____

Name of Dam _____ Pedigree attached

Colour/ coat _____ Gender M MN F FN Weight _____

Diet _____ Vaccination status _____

Medical History

Date of MRI Scan Day _____ Month _____ Year _____ enclosed MRI report

Date of last heart check Day _____ Month _____ Year _____ examined by Board Cert. Cardiologists General Vet

Grade of heart condition _____

Owner's name _____

Reference address or contact number or email _____

Vet name/ practice (Practice stamp) _____

I consent to the DNA, MRI scan and other relevant information from the above named dog to be used by bona fide researchers and that this would remain confidential to them.

Signed _____ Date (D/M/Y) _____

Please mail/fax a duplicate copy , MRI Report and pedigree to Dr Clare Rusbridge,

Stone Lion Veterinary Centre, 41 High St, Wimbledon,

London SW19 5AU, UK

neuro.vet@btinternet.com. Confidential Fax (011-44) 208 786 0525

Working together

UK -----Canada-----Australia -----Netherlands-----RSA -----Finland --- USA