

Canine genetics Sample information form – University of Nottingham

Owner name:

Email:

Phone:

Breed:

Pet name:

Registered name:

Kennel club number:

Sex: MALE/FEMALE

Neutered: YES/NO

Age at neutering:

DOB/Age:

Father:

Mother:

Any current or previous medical/health problems:

Age/date of diagnosis:

Any drugs that the dog is on **now**, how long for and dose:

Any drugs that the dog **was** on, how long for and dose:

Sample Number (to be completed by Nottingham Genetics Team):