

Enrollment Form: Weimaraners with a Patent Ductus Arteriosus (PDA)

Dog Information

Registered Name:

Call Name:

Registration organization (ex:
AKC): _____

Registration number:

Breed: Weimaraner Sex: _____ Date of Birth (Month, Day, Year):

Clinical Information

Primary care veterinarian's name:

Primary care veterinarian's phone number:

Cardiologist's name:

Was your dog diagnosed with congestive heart failure? (If yes, when)

Was the PDA treated? _____. If yes, was it surgical ligated or occluded with a device? _____

Is your dog still alive? _____. If no, what was the Date and Cause of Death:

Have any of the relatives (parents, siblings, or offspring) been diagnosed with a PDA? If yes, please describe:

Owner Name: _____ Email: _____ Phone:

I hereby give my consent to release medical records and to submit a blood sample for genetic testing for the dog described above. I understand that the investigators and the designated institution will not publish or release any identifying information.

Owner signature: _____ Date:

Please include the following:

___ Pedigree (3-5 generation)

___ Copy of the cardiologist's echocardiographic report

Please send this enrollment form, along with the pedigree and echocardiographic report to:

Dr. Stacey Leach
University of Missouri, College of Veterinary Medicine
900 East Campus Drive
Columbia, MO 65211