

Leonberger Study
C/O Dr. Ned Patterson DVM
Department of Small Animal Clinical Sciences, Canine Genomics Lab
University of Minnesota
C339 Veterinary Teaching Hospitals
1352 Boyd Ave, St. Paul MN 55108

Office: 612-624-5322 • Lab: 612-624-5322 • Email: patte037@umn.edu

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:

- I am / am not willing to provide additional blood samples if needed for research.
- 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): _____