

SIGHTHOUND SALIVA SWAB HISTORY FORM	
Owner Name:	
Address:	
Phone Number:	Email Address
Dog's Name:	Date of birth:
May we contact your primary veterinarian and (if applicable) the veterinary cardiologist this dog has been evaluated by to request medical records?	
<div>YES</div> <div>NO</div>	
Name & address of your primary veterinarian:	
Name & address of your dog's veterinary cardiologist:	
Sex (Check box)	<div>Intact Female</div> <div>Spayed Female</div> <div>Intact Male</div> <div>Neutered Male</div>
Does this dog have any known cardiac problems? If yes, please list/describe:	
Are there any known cases of sudden death or diagnosed dilated cardiomyopathy in the parents, siblings, or offspring of this dog? If so, please list/describe:	
Do you have any other information about this dog that you would like to report? If so, please write in:	

No identifying information about any individual dog, dog owner, or kennel will ever be relayed as part of future genetics studies. Data will be shared through statistical summaries only.

No individual genetic results will be available to study participants.

INFORMED OWNER CONSENT
Prospective DNA banking for future genetic heart disease research
in Borzoi dogs and other sighthound breeds

Sonya Wesselowski, DVM, MS, Dipl. ACVIM-Cardiology

I, _____ (name), of

_____ (address)

_____ (City, Zip)

hereby consent to the participation of the following animal in the study cited above. I certify that I am the legal owner (or agent of the owner) of, and am responsible for this animal. I have read, received a copy of, and understand the Informed Owner Consent Form.

Animal Details

Name: _____

Breed: _____

Age: _____

Signature of Owner or Agent: _____ Date: _____

Signature of Investigator: _____ Date: _____

Witness: _____ Date: _____

I have received a copy of the consent form

This consent form has been reviewed and approved by the Clinical Research Review Committee of the Texas A&M University School of Veterinary Medicine & Biomedical Sciences (VMBS).

For questions about this study, please contact Dr. Sonya Wesselowski, Dept. of Small Animal Clinical Sciences; VMBS; Texas A&M University; 4474 TAMU; College Station, TX 77843-4474; 979-845-2351
swesselowski@cvm.tamu.edu

For questions regarding your rights as the owner of a participating animal, please contact Dr. Mike Criscitiello, Associate Dean for Research and Graduate Studies; VMBS; Texas A&M University; 4461 TAMU; College Station, TX 77843-4461; 979-845-5092; crrc@cvm.tamu.edu

Date _____

Owner/agent initials _____

*It is the responsibility of the Primary Investigator (PI) to retain the **signed** copies of all consent forms for a period of five (5) years, as is standard within the Texas A&M University System.*