

Canine Genetics Laboratory

University of Minnesota

1988 Fitch Ave. 295 AS/VM * St. Paul, MN 55108

<https://z.umn.edu/caninegenetics>

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Leonberger DNA Biobank

Contact Information - Owner

Owner Name _____

Company /
Alternate Contact _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____

e-mail _____

Animal Information

Call Name _____

Sex Male Female Intact Yes No

Date of Birth (mm/dd/yyyy) _____

Weight _____ Height (at withers) _____

Registered Name:

Reg. # _____

Tattoo / Microchip _____

**To update a dog's report with registration information at a later date, a permanent ID must be verified at the time of testing.

Sire _____

Dam _____

Requested:

DNA bank
(no charge)

Owner's

Signature _____ Date _____

To be completed by attending veterinarian/veterinary technician (if any):

I DID verify the tattoo/microchip. I DID NOT verify the tattoo/microchip.

Signature _____ Date _____

Sample Type

Whole blood, 2-3 ml
purple top (EDTA).

Ship at room temp to
arrive within 30 days.

Does your dog have clinical signs of Polyneuropathy/Laryngeal Paralysis

- Exercise intolerance: Yes No Age first noticed: _____
- Changes in bark quality: Yes No Age first noticed: _____
- Difficulty breathing: Yes No Age first noticed: _____
- Difficulty swallowing: Yes No Age first noticed: _____
- Has your dog had a tieback surgery? Yes No Age at time of surgery: _____
- Knuckling/Dragging toes: Yes No Age first noticed: _____
- Stumbling: Yes No Age first noticed: _____
- High-stepping gait: Yes No Age first noticed: _____
- Hitched gait: Yes No Age first noticed: _____
- Exaggerated stomping of the rear limbs: Yes No Age first noticed: _____
- Muscle atrophy: Yes No Age first noticed: _____

If yes, which areas are involved:

- Front Right Front Left Rear Right Rear Left Head

Has your dog been diagnosed with cancer/tumor?

- No
- Mast Cell Tumor
- Osteosarcoma/bone
- Lymphoma
- Hemangiosarcoma/blood vessel
- Other, comment below

Method of diagnosis:

- Biopsy/Histopathology
- Other, comment below
- Ultrasound
- X-Ray

Please elaborate on any checked items (age diagnosed, location of the lesion, interventions taken, etc.)

Please attach a copy of medical reports/records related to diagnosis if available.

Does your dog have a history of (check all that apply):

- Addison's
- Arthritis
- Cryptorchidism
- Diabetes
- Glaucoma
- Heart Disease
- Hypothyroidism
- Hip Dysplasia
- Perianal Fistula
- Spinal Disc Disease
- Torn Cruciate Ligament
- Other

Please elaborate on any checked items (age diagnosed, interventions taken, level of control achieved, etc.)