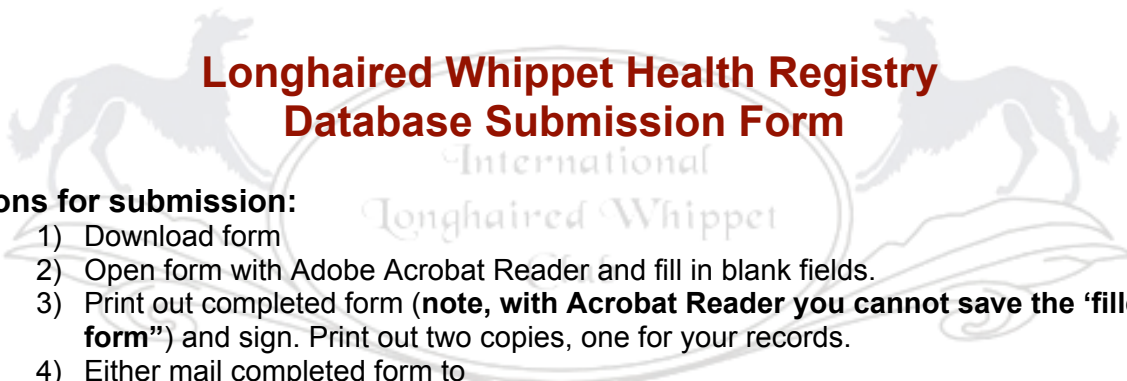


Longhaired Whippet Health Registry Database Submission Form



Directions for submission:

- 1) Download form
- 2) Open form with Adobe Acrobat Reader and fill in blank fields.
- 3) Print out completed form (**note, with Acrobat Reader you cannot save the 'filled form'**) and sign. Print out two copies, one for your records.
- 4) Either mail completed form to

Patricia Conklin
218 Yellow Barn Rd.
Freeville, NY 13068

Or print, scan and email electronic version as a pdf to yellowbarn@frontiernet.net with "health dog's call name your last name" as the subject heading and file name.

Submitter (Required)

Name: _____

Street Address: _____

City: _____

State/Prov: _____ Postal Code: _____

Phone: _____ Country: _____

Email: _____

Website URL: _____

If submitter is not Owner or Breeder, please explain: _____

- If this is an update to a dog already in the ILWC health registry database**, check box and enter the dog's registered name and then enter only the data to be added, including owner/breeder information. Send the update as instructed above but (if you email me the information) format the file name and subject heading as "update call name last name".

Owner (Where your dog lives) Check here if same as Submitter Info:

Name: _____

Street Address: _____

City: _____

State/Prov: _____ Postal Code: _____

Phone: _____ Country: _____

Email: _____

Information about Your Dog

1. Basic information about your dog:

Registered Name: _____

Call Name: _____

Variety: Longhair Shorthair Percent

ILWC Reg. #: _____ Birth Date: _____

Sex: Male Female Neutered/Spayed: Yes No

Microchip: Yes No

Microchip #: _____ Microchip Registry: _____

Coat color & markings: _____

Current weight (lbs): _____ Current height at withers (inches): _____

2. Your dog's breeder and parentage (provide as much information as possible):

Check to use Submitter Info:

Name: _____

Street Address: _____

City: _____

State/Prov: _____ Postal Code: _____

Phone: _____ Country: _____

Email: _____

Website URL: _____

Sire (Registered Name): _____

Sire (Call Name): _____

Sire ILWC Reg. #: _____

Dam (Registered Name) : _____

Dam (Call Name): _____

Dam ILWC Reg. #: _____

Litter Birth Date: _____

If sire and/or dam is deceased, list cause of death(s) if known:

3. Your Dog’s Health Information (send updates as available):

DNA Test Results

For MDR1 and CEA test results, indicate N/N for normal, N/M for carrier, and M/M for affected. Also include any other genetic test results.

Test Date	Type	Evaluated by (if commercial testing lab)	Results
	MDR1		
	CEA		

CERF Test Results (send updates as available)

Test Date	Evaluated by (name of qualified tester)	Results

OFA Cardiac Physical Exam Results (send updates as available)

Test Date	Evaluated by (name of qualified tester)	Results OFA Registry Number

4. Other Health Information for the database such as endocrine disorders (including, but not limited to, hypothyroidism, diabetes, Cushing's disease), allergies (including food, medications, environmental), neurologic problems (e.g. seizures), bone problems (e.g. joint malformations), cancer or unusual behavioral problems. Please email yellowbarn@frontiernet.net at any time with any new information (see page one for instructions on emailing updates):

Deceased?

Date of Death: _____ Age at Death: _____

Cause of Death: _____

By submitting this data to the ILWC, I am stating that the above data is correct and accurate to the best of my knowledge and that I voluntarily submit the above data for entry into the ILWC health registry database. I authorize release of this data in accordance with ILWC policies, including affected phenotypes at the time that I owned the dog(s) and I authorize the ILWC board members to contact me for data validation purposes. Please sign your name and include the date below.

_____ Date: _____