



# ENTLEBUCHER GENETIC DATABASE

## Individual Information

Please support the health of the Entlebucher by completing this form and returning to: Janis Miller, NEMDA Genetics Chair, 3245 Zeeb Road, Dexter, MI 48130-9707 email: [janismm@umich.edu](mailto:janismm@umich.edu)

OWNERS LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

CO-OWNER (if any): \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_

DOG'S REGISTERED NAME: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ LITTER # & REGISTRY (If known): \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ DEATHDATE: \_\_\_\_\_ SEX: M / F Spay Neutered

REGISTRY & NO. \_\_\_\_\_ TATTOO # \_\_\_\_\_ MICROCHIP # \_\_\_\_\_

BREEDER'S NAME: \_\_\_\_\_ KENNEL NAME: \_\_\_\_\_

SIRE'S REGISTERED NAME: \_\_\_\_\_ REGISTRY NO: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ SIRE'S OWNER & ADDRESS: \_\_\_\_\_

DAM'S REGISTERED NAME: \_\_\_\_\_ REGISTRY NO: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ DAM'S OWNER & ADDRESS: \_\_\_\_\_

LIST PHYSICAL CHARACTERISTICS: (i.e. height., weight., eye color, unusual markings, naturally short tail, bite, cleft palate, umbilical hernia, etc) May use back of page or attach separate sheet.

HEALTH RECORD: (submit copies of certifications and veterinary reports for verification)

CERF #: \_\_\_\_\_ OFA # \_\_\_\_\_ HIPS RATING: \_\_\_\_\_ ELBOWS RATING: \_\_\_\_\_

PennHIP: DI: Rt. \_\_\_\_\_ Lt. \_\_\_\_\_ OVC #: \_\_\_\_\_

LIST AND ATTACH VETERINARY RECORDS (as applicable) FOR THE FOLLOWING: (may use back of page)

- ANY KNOWN GENETIC DISEASES OR ILLNESSES (such as heart, kidney, neurological, allergies, eyes, tumors, etc)
- RECURRING or PERMANENT LAMENESS. LIST JOINT(S) INVOLVED AND DIAGNOSIS.
- ANY OTHER INFORMATION THAT YOU WISH TO RECORD

IF DEAD, IS CAUSE KNOWN?: \_\_\_\_\_

EUTHANASIA? \_\_\_\_ YES \_\_\_\_ NO WAS AUTOPSY PERFORMED? \_\_\_\_ YES \_\_\_\_ NO (attach report if available)

I voluntarily submit the above data for entry to database for control of genetic disease.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please support the health of the Entlebucher by filling out this form completely and returning with attachments to: Janis Miller, NEMDA Genetics Chair, 3245 Zeeb Road, Dexter, MI 48130-9707; Phone: (734) 426-6906 or E-mail: [janismm@umich.edu](mailto:janismm@umich.edu) if you have questions.