



ENTLEBUCHER GENETIC DATABASE

If this is an update to a dog already in the Genetics Data Base, enter the dog's registered name and only the data to be added or changed. Fill in the form completely for dogs new to the data base. Diseases may be entered by number only with comments added as needed for clarification.

OWNERS LAST NAME: _____ FIRST NAME: _____ SPOUSE: _____

CO-OWNER (if any): _____

ADDRESS: _____ CITY: _____

STATE/PROVINCE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

DOG'S REGISTERED NAME: _____

CALL NAME: _____ LITTER # AND 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: _____

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

CERF #: _____ OFA #: _____ HIPS RATING: _____ ELBOWS RATING: _____

PennHIP: DI: RIGHT: _____ LEFT: _____ OVC #: _____

prod-PRA: A B C (circle one)

IF DEAD, IS CAUSE KNOWN? _____

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

continued on other side

PHYSICAL CHARACTERISTICS (circle all that apply)

CANCER

- 1. Malignant histiocytosis
- 2. Lymphosarcoma
- 3. Hemangio sarcoma
- 4. Lymphoma
- 5. Osteosarcoma
- 6. Mast cell
- 7. Other_____

ENDOCRINE

- 8. Addison's
- 9. Cushing's
- 10. Hyperthyroid
- 11. Hypothyroid
- 12. Other_____

GASTRO INTESTINAL

- 13. Hernias (list type under comment)
- 14. Bloat
- 15. Irritable bowel syndrome
- 16. Other_____

HEART/PULMONARY

- 17. Pulmonic stenosis
- 18. Ventricular septal defect
- 19. Subaortic stenosis
- 20. Other_____

IMMUNOLOGIC

- 21. Allergies (list type under comment)
- 22. Autoimmune hemolytic anemia
- 23. Thrombocytopenic purpura
- 24. Other_____

NEUROLOGIC

- 25. Epilepsy
- 26. Other seizure disorders
- 27. Hydrocephalus
- 28. Other_____

OPHTHALMIC

- 29. PRA
- 30. Cataracts
- 31. Glaucoma
- 32. Persistent pupillary membrane
- 33. Other_____

ORTHOPEDICS

- 34. Hip dysplasia
- 35. Elbow dysplasia
- 36. Ruptured cruciate ligament (ACL)
- 37. Osteochondritis dessicans (OCD)
- 38. Osteoarthritis (OA)
- 39. Luxated patella
- 40. Other_____

RENAL

- 41. Ectopic ureters
- 42. Renal failure
- 43. Other_____

OTHER

- 44. Pancreatitis
- 45. Portosystemic shunt (liver)
- 46. Cryptorchidism
- 47. Missing teeth
- 48. Overshot jaw
- 49. Undershot jaw
- 50. Parrot mouth
- 51. Base narrow canines

TEMPERAMENT

- 52. Aggressiveness
- 53. Shyness

COMMENTS _____

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

SIGNATURE: _____ DATE: _____

Please support the health of the Entlebucher by completing this form and returning to:
Teri Beeman, NEMDA Genetics Chair
13414 S. Sherman Rd., Spokane, WA 99224
Questions? tbseville@aol.com or 509-448-0300