

# **CANINE NCL- DNA RESEARCH**

## **Individual Dog Information**

Blood – Tissue – other \_\_\_\_\_

Breed \_\_\_\_\_

Family ID code: \_\_\_\_\_

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex? M – F Neutered/Spayed? Y – N

Sample Submission Date: \_\_\_\_\_ Color \_\_\_\_\_

Sample submitted for which research project? **Neuronal Ceroid Lipofuscinosis**

Owner: name \_\_\_\_\_ breeder's name \_\_\_\_\_

address \_\_\_\_\_ address \_\_\_\_\_

phone (day) \_\_\_\_\_

phone \_\_\_\_\_

phone (eve) \_\_\_\_\_

fax \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail \_\_\_\_\_

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

- |                                   |                                                    |
|-----------------------------------|----------------------------------------------------|
| Y - N Allergies                   | Y - N Digestive difficulties                       |
| Y - N Arthritis                   | Y - N Heart Problems                               |
| Y - N Autoimmune Disorders        | Y - N Hernia (where? _____ )                       |
| Y - N Bite or Tooth Abnormalities | Y - N Reproductive Problems                        |
| Y - N Cancer / Tumors             | Y - N Seizures                                     |
| Y - N Cataracts / Vision Problems | Y - N Skin / Coat Problems                         |
| Y - N Deafness / Hearing Impaired | Y - N Skeletal Abnormalities (Hip Dysplasia, etc.) |
| other (please list):              | Y - N Temperament Problems (shy, aggressive, etc.) |

Testing done on this dog:

OFA/PennHip Y - N age at test: \_\_\_\_\_ result: \_\_\_\_\_ # \_\_\_\_\_

CERF Y - N age last tested: \_\_\_\_\_ result: \_\_\_\_\_ # \_\_\_\_\_

Thyroid Y - N age last tested: \_\_\_\_\_ result: \_\_\_\_\_

other (please list):

**See following pages for NCL-specific questions – please complete for ALL sampled dogs.**

### **ATTACH PEDIGREE COPY TO THIS FORM**

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.
- I will / will not consider donation of a tissue sample upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

I submit this sample and pedigree for the purpose of DNA research; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_ date \_\_\_\_\_

## Canine NCL-specific Questionnaire

Has this dog been diagnosed as likely to be affected with NCL? Yes No

Have any relatives of this dog been diagnosed with NCL? Yes No Don't Know

If yes, which relatives? Sire Dam Sibling Offspring Other \_\_\_\_\_

Paternal Grandsire Paternal Grand-dam Maternal Grandsire Maternal Grand-dam

When is the best time to reach you by phone? \_\_\_\_\_

### Veterinary Contact Information

#### *Primary Care*

Vet Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Phone # \_\_\_\_\_

#### *Ophthalmologist*

Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Phone # \_\_\_\_\_

#### *Neurologist*

Vet Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Phone # \_\_\_\_\_

#### *Other Specialist*

Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Phone # \_\_\_\_\_

May we have your permission to contact your veterinarians to request records and discuss your dog's health history, diagnostic testing, and possible treatment options? Yes No

Signed: \_\_\_\_\_ date: \_\_\_\_\_

***Behavior and Activity survey follows – please complete for all sampled dogs***

**CHANGES IN BEHAVIOR**

Compare this dog's current behavior to its earlier behavior. Please circle the correct answer.

If you need additional space to describe changes, please use back of form or attach additional pages.

	<b>Normal - or - Degree of Change</b>				<b>Describe Changes</b>
1. Housetraining	normal	mild	moderate	severe	_____
2. Interest in food (eating habits)	normal	mild	moderate	severe	_____
3. Appears nervous	normal	mild	moderate	severe	_____
4. Interaction/socialization with other dogs	normal	mild	moderate	severe	_____
5. Aggressiveness to other dogs	normal	mild	moderate	severe	_____
6. Aggressiveness to people	normal	mild	moderate	severe	_____
7. Tolerance to grooming or bathing	normal	mild	moderate	severe	_____
8. Tolerance to being alone	normal	mild	moderate	severe	_____
9. Ability to recognize/respond to commands	normal	mild	moderate	severe	_____
10. Ability to recognize or respond to name	normal	mild	moderate	severe	_____
11. Recognizes you or other familiar people	normal	mild	moderate	severe	_____
13. Responses to noise/loud sounds	normal	mild	moderate	severe	_____
14. Development of compulsive behavior	normal	mild	moderate	severe	_____
15. Circling	normal	mild	moderate	severe	_____
16. Wakes you more at night	normal	mild	moderate	severe	_____
17. Inappropriate or persistent vocalization	normal	mild	moderate	severe	_____

**CHANGES IN PHYSICAL ACTIVITY**

Compare this dog's current physical activity to its earlier activity and ability. Please circle the correct answer. If you need additional space to describe changes, please use back of form or attach additional pages.

	<b>Normal - or - Degree of Change</b>				<b>Describe Changes</b>
18. Climbing up or down stairs	normal	mild	moderate	severe	_____
19. Tremors or shaking	normal	mild	moderate	severe	_____
20. Seizures	normal	mild	moderate	severe	_____
21. Increased stiffness or weakness	normal	mild	moderate	severe	_____
22. Difficulty in movement or coordination	normal	mild	moderate	severe	_____
23. Changes in posture ("roached" back)	normal	mild	moderate	severe	_____
24. Tail carriage when alert & interested	normal	mild	moderate	severe	_____
25. Ability to see during the day	normal	mild	moderate	severe	_____
26. Ability to see at night in dim light	normal	mild	moderate	severe	_____
27. Head movements	normal	mild	moderate	severe	_____
28. Trance-like behavior	normal	mild	moderate	severe	_____
29. Bumps into objects, clumsy	normal	mild	moderate	severe	_____

Please describe any other health problems or behavioral abnormalities:

---

---