



College of  
**VETERINARY MEDICINE**  
Michigan State University

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## Information Form for Michigan State University PRA Studies

ALL INFORMATION IS HELD IN COMPLETE CONFIDENCE

Please complete this form and provide us with as detailed a pedigree as possible

BREED OF DOG	AKC REGISTERED NAME	COLOR
NAME OF SIRE	NAME OF DAM	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">             HAVE YOU INCLUDED A PEDIGREE?  <input type="checkbox"/> Y   <input type="checkbox"/> N           </div> <div style="border: 1px solid black; padding: 2px;">             HAVE YOU INCLUDED EYE EXAM INFO?  <input type="checkbox"/> Y   <input type="checkbox"/> N           </div> </div>
DATE OF BIRTH: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (check box)	NEUTERED?: <input type="checkbox"/> Y <input type="checkbox"/> N (check box)
month                      day                      year		PRA STATUS: <input type="checkbox"/> AFFECTED <input type="checkbox"/> CARRIER <input type="checkbox"/> UNAFFECTED <input type="checkbox"/> DON'T KNOW (check box)

### Your Details:

FIRST NAME	MIDDLE INITIAL	LAST NAME
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	

**History of Hereditary Eye Diseases (if any). Please provide copies of any current CERF forms.**

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**Please provide us with any contacts for obtaining samples from affected dogs or their relatives**

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