



INFORMATION SHEET

Owner :

- Name:
 - Address:

 - Phone number:
 - E-mail:

Veterinarian:

.....

ANIMAL IDENTIFICATION

Name: Tatoo:
 Official name: Chip:
 Affix: LOF, LOS:
 Breed: Sex: F M Neutered: no yes
 Date of birth: Coat : Weight:

SUPPLEMENTARY INFORMATION

Disease(s) :
 Physical or behavioral specificities:
 Dysplasic status: Hip : - L: - R:.... Elbow: - L: - R:
 Offsprings: no yes , specify (number of litters) :
 Lifestyle: zoo free with other animal other , specify :
 Is the dog alive?: yes no ,if no, date and cause of death:
 If euthanasia, reasons.....

COLLECTIONS

Date:.....Collection type: **BLOOD:** EDTA **TISSUS :** RNAlater * Formol Ethanol
 Nature of the collection: Biopsy Resection Necropsy collected organs:
 If necropsy, affected organs:

* given by the CNRS

CONSENT

I authorize the sample(s) of my dog(s) to be used for research on the **dog species diversity and genetic diseases research**. The information provided is **confidential**:

- The sample could be used by the CNRS and its collaborators
- The identity of the sample will stay confidential.

City: Date:

The owner: The veterinarian: