LEONBERGER CAUSE OF DEATH REGISTRY

Return to: HREC, Liz Coleman - leonberg@surfglobal.net or Fax: 802-644-5936

O Check here if you want to make this information confidential.

Please complete one form for each Leonberger that you have ever owned who has died and who lived primarily with you. By submitting this data, you are agreeing to help the HREC determine disease and life span trends. The data gathered will be used to make recommendations to the Leonberger Health Foundation for future research. Only dog information will be made public.

Jwner Address:		
City:	St:	Postal /Zip Code:
Country: E	Mail Address:	
Dog's Full Registered Name (if kr	nown)	
Registration Number:	Registry	Affiliation(s):
Sire:	Dam:_	
Date or year of death	Age a	t death:
Cause of death if known:		
O Old Age Describe:		
O Accident / trauma Describe h	ow the dog died	
O Illness Diagnosis if known		
Veterinary confirmed? OYes	ONo	
Was an autopsy/necropsy perform	med? OYes ONo	
Was a polyneuropathy present at	time of death? OYo	es ONo
Were muscle and nerve biopsies	taken? OYes ONo	
Was DNA ever collected on this d	log for research? •••	Yes ONo
If YES, please identify which stud	lies and DNA collectio	n method:
CHIC DNA Bank	OYes ONo	O Blood O Cheek Swab
Broad Institute (Cancer)	OYes ONo	O Blood O Cheek Swab
Broad Institute (Thyroiditis)	OYes ONo	O Blood O Cheek Swab
University of MN – (ILP)	OYes ONo	O Blood O Cheek Swab
Cornell (Cryptorchid Study)	OYes ONo	O Blood O Cheek Swab
Was the Leo euthanized (life inte	ntionally terminated)?	OYes ONo
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