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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: _____		HAVE YOU INCLUDED A PEDIGREE? <input type="checkbox"/> Y <input type="checkbox"/> N	HAVE YOU INCLUDED EYE EXAM. INFO? <input type="checkbox"/> Y <input type="checkbox"/> N
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)	PRA STATUS: <input type="checkbox"/> AFFECTED <input type="checkbox"/> CARRIER <input type="checkbox"/> UNAFFECTED <input type="checkbox"/> DON'T KNOW (check box)		
mo	da	yr			

**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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