

# ASCA® Gene Bank Enrollment Application Form

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Web Site: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Canine Identification Information

Dog's Full Registered Name: \_\_\_\_\_

Dog's ASCA Registration # \_\_\_\_\_ Dog's Tattoo ID #: \_\_\_\_\_

Dog's Microchip Identification number: \_\_\_\_\_

Sire's Registered Name: \_\_\_\_\_

Sire's ASCA Registration Number: \_\_\_\_\_

Dam's Full Registered Name: \_\_\_\_\_

Dam's ASCA Registration Number: \_\_\_\_\_

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## Previous DNA Enrollment Information

Was this dog previously enrolled in ASCA's DNA Parentage Verification Program?  YES  NO

If yes: DNA-CP/PV #: \_\_\_\_\_

What sample type was submitted?  Blood  Hair  Cheek Swab  Other \_\_\_\_\_

**NOTE: If you did not submit a blood sample, it will be necessary to do so.**

If your dog is not already in the DNA program, it will be entered and appropriate DNA title given, in addition to becoming part of the Gene Bank.

## Health Information

A partial list of hereditary diseases and defects known to occur in the Australian Shepherd is enclosed for your reference, but it is by no means all-inclusive.

### Prior Testing

OFA/PennHip Tested?  YES  NO Date of most recent test: \_\_\_\_\_

OFA/PenHip #: \_\_\_\_\_ Result: \_\_\_\_\_

CERF tested?  YES  NO Date of most recent test: \_\_\_\_\_

CERF #: \_\_\_\_\_ Result: \_\_\_\_\_

Thyroid tested?  YES  NO Date of most recent test: \_\_\_\_\_

Result: \_\_\_\_\_

Pelger-Huet tested?  YES  NO Date of most recent test: \_\_\_\_\_

Result: \_\_\_\_\_

Other tested?  YES  NO If yes, please specify: \_\_\_\_\_

Date of most recent test: \_\_\_\_\_ Result: \_\_\_\_\_

Does your dog have any hereditary disease? If so, please list:

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**Please enclose proof of diagnosis (OFA, PennHip, or CERF forms, lab results, statement from vet, etc.)**

# Relatives Information

## Definitions

- **First step-relatives:** parents, offspring, full/half siblings.
- **Second step-relatives:** Grandparents, grand-pups, aunts/uncles, or nieces/nephews

To your knowledge, does your dog have any **first** step-relatives (see definition above) with any hereditary disease?

YES    NO

If so, please list disease and relationship of affected dog. (Name of dog optional)

Disease: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Are you the owner?  YES    NO

To your knowledge, does your dog have any **second** step-relatives (see definition above) with hereditary disease?

YES    NO

If so, please list disease and relationship of affected dog. (Name of dog optional)

Disease: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Are you the owner?  YES    NO

Do you own **ANY** (affected or unaffected) first or second step-relatives of this dog?  YES    NO

**First Step-Relatives Registered Names:**

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**Second Step-Relatives Registered Names:**

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# Payment/Fee Information

## Fee

- 1) If a blood sample is already on file, there is no fee for submission.
- 2) If no blood sample is on file, please submit a blood sample and remit \$40 to the ASCA Business Office. Please contact the ASCA Business Office for DNA blood kits and payment information.

**NOTE:** Fee may be waived for the first two submissions in any calendar month from dogs which have been diagnosed with one of the following:

- Cataracts
- Auto-Immune Disease
- Epilepsy
- Hip Dysplasia
- Collie Eye Anomaly
- Cancer

You must include the fee and the diagnostic paperwork to qualify. If your dog is selected by ASCA for support of genetic research, your fee will be returned to you.

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## Authorization(s)

I AM / AM NOT willing to provide additional blood or other samples for research if necessary.

I AM / AM NOT willing to provide tissue samples, if necessary, upon the death of this dog. If informed by the ASCA Business Office that a particular sample would be of value, I will discuss this with my veterinarian so a notation is placed in the dog's file.

I AM / AM NOT willing to contact owners of related dogs to ask that they participate upon request from the Business Office.

I will submit a blood sample from the above described dog for the purposes of genetic research. I understand that the identity of dogs and owners participating in the program will not be revealed. If my dog's genetic health status should change, I will advise the Business Office and provide documentation on that change.

I hereby authorize ASCA and/or its designated DNA laboratory representatives and contractors to transfer genetic material from the below specified ASCA registered Australian Shepherd (hereafter referred to as "dog") to an ASCA authorized researcher and/or facility.

The foregoing is true and correct to the best of my knowledge. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

at (City, State/Province, Country) \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_