

LEONBERGER CAUSE OF DEATH REGISTRY

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

Check YES to make this information OPEN.

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.

Owner Name: _____

Owner Address: _____

City: _____ St: _____ Postal /Zip Code: _____

Country: _____ E Mail Address: _____

Dog's Full Registered Name (if known) _____

Registration Number: _____ Registry Affiliation(s): _____

Sire: _____ Dam: _____

Date or year of death _____ Age at death: _____

Cause of death if known:

Old Age Describe: _____

Accident / trauma Describe how the dog died _____

Illness Diagnosis if known _____

Veterinary confirmed? Yes No

Was an autopsy/necropsy performed? Yes No

Was a polyneuropathy present at time of death? Yes No

Were muscle and nerve biopsies taken? Yes No

Was DNA ever collected on this dog for research? Yes No

If YES, please identify which studies and DNA collection method:

CHIC DNA Bank	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Blood <input type="radio"/> Cheek Swab
Broad Institute (Cancer)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Blood <input type="radio"/> Cheek Swab
Broad Institute (Thyroiditis)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Blood <input type="radio"/> Cheek Swab
University of MN – (ILP)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Blood <input type="radio"/> Cheek Swab
Cornell (Cryptorchid Study)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Blood <input type="radio"/> Cheek Swab

Was the Leo euthanized (*life intentionally terminated*)? Yes No

Reason: _____
