

**Michigan State University Ocular Melanosis Study**

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**Information Form**

**ALL INFORMATION IS HELD IN COMPLETE CONFIDENCE**

**Please complete this form and provide us with as detailed a pedigree as possible.**

**Cairn Terrier**  
 BREED OF DOG: \_\_\_\_\_ AKC REGISTERED NAME: \_\_\_\_\_ COLOR: \_\_\_\_\_

NAME OF SIRE: \_\_\_\_\_ NAME OF DAM: \_\_\_\_\_

DATE OF BIRTH:   -   -    
 mo da yr

SEX:  MALE  FEMALE NEUTERED?  Y  N OM STATUS:  AFFECTED  CARRIER  UNAFFECTED  DONTKNOW  
 (check box) (check box) (check box)

HAVE YOU INCLUDED A PEDIGREE?  Y  N HAVE YOU INCLUDED EYE EXAM. INFO?  Y  N

**Your Details:**

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**History of eye diseases. Please provide copies of any current eye examination forms (such as OFA forms).**

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**Please describe a change in your dog's eye and coat color (including a comparison of when he/she was a puppy).**

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**Please provide us with any contacts for obtaining samples from affected dogs or their relatives.**

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