

Legg-Calve-Perthes (LCP) DNA Submission Form
Canine Genetics Research

FOR CGR USE ONLY

Laboratory tracking number _____

Owner Information

Owner Name: _____ Phone: _____

Address: _____

E-mail: _____

Dog Information (Please include pedigree with submission if available.)

Sex: M F (please circle) Birthdate: _____

Registered Name: _____

Call Name: _____

Sire: _____

Dam: _____

Has this dog been diagnosed with LCP? N Y

If yes, please provide the name of the diagnosing veterinarian:

If yes, is the condition unilateral (left or right) or bilateral? (Please circle)

If yes, how old was the dog when diagnosed? _____

Have any first degree relatives (parents, siblings, or offspring) of this dog been diagnosed with LCP? N Y Unknown

If yes, please indicate those relationships:

All information obtained in this study will be kept confidential by CGR

Any questions about this study should be directed to Dr. Alison Starr (astarr@clemson.edu) at 864-656-0191 or Dr. Kate Tsai (ktsai@cvm.tamu.edu) at 979-845-5634