

**Voluntary Participation Report Form
Tumor Registry for Cancer Study in Chinese
Shar-Pei Dogs**

The purpose of the Tumor Registry is collect information relative to the types of tumors/cancer seen in the Chinese Shar-Pei breed and use this data to evaluate inheritance, treatment and prognostic factors. This information is strictly confidential.

INHERITANCE FACTORS

Name of Owner: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Dog Reg. Name: _____

Call Name: _____ AKC # _____ CSPCA# _____

Other Reg. # _____ CKC, UKC? _____

Sex: ___M___F___N(at what age? ___) Birth Date: _____ Death Date: _____

Dog's Wt. _____ Dog's Ht. _____ Coat Type: _____

Color: _____ Age at onset of disease: _____

Nutritional State (before onset of disease): ___ lbs. ___ underwt ___ overwt ___ aver

Sire: _____ Reg# _____

Dam: _____ Reg# _____

Breeder's Name: _____ Kennel: _____

Phone: () _____ Address: _____

City: _____ State: _____ Zip: _____

Litter Number: _____

Veterinarian: _____ Phone:() _____

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

TUMOR INFORMATION

Tumor type: _____

Tumor location: _____

Size: _____ Duration: _____

Recurrence or metastases: _____

Name of Pathology Lab:

Address: _____

City: _____ State: _____ Zip: _____

Phone:() _____ Accession #: _____

Date: _____ Copy of path report enclosed?: _____Y_____N

Post-surgical treatment: _____

Release: I understand that the information submitted on and with this form will be entered in the Tumor Registry and that it will be used to differentiate potential causes for the tumor that may or may not be genetic. I understand that the enclosed information will be confidential and consent to its use.

Owner signature: _____ Date: _____
(I am the owner/agent of the above dog)

Send this form, a copy of the dog's pedigree and a copy of the tumor pathology report to:

Dr. Jeff Vidt
210 S. Park
Westmont, IL 60559
PH: 630 964-7934
FAX: 630 964-7990