



INDIVIDUAL GENETIC DATA FORM

JACK RUSSELL TERRIER RESEARCH FOUNDATION

Please attach a copy of the dog's pedigree and any additional medical test or diagnosis information to this form. For more writing space please use the backside of this sheet. A complete history of each disorder is important for successful research.

Thank you. The JRTRF greatly appreciates your participation.

Date DNA submitted _____

Terrier Information

Terrier's Registered Name _____ Reg # _____

Date of Birth _____ Sex _____ Color _____ Coat _____ Height _____

Breeder _____

Sire _____ Reg # _____

Dam _____ Reg # _____

Terrier's Tests and Forms

🐾 CERF Date _____ Result _____ 🐾 BAER Date _____ Result _____

🐾 Other (please list) _____

Terrier History

Has any condition been diagnosed in this terrier? (If yes, please list details below)

Condition: _____ Age First Suspected _____ Age Diagnosed _____

Condition: _____ Age First Suspected _____ Age Diagnosed _____

Condition: _____ Age First Suspected _____ Age Diagnosed _____

Family History

Has any condition been diagnosed in other family members?

Relationship: _____ Condition: _____ Age Diagnosed _____

Relationship: _____ Condition: _____ Age Diagnosed _____

Comments (Please use this space or the back of this sheet for additional history and pertinent information.)

Owner's Information & Consent

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

This information is complete and accurate and I am releasing it to the Jack Russell Terrier Research Foundation, which may use it on a confidential basis for genetic research purposes. I understand that the identity of dogs and owners participating in the research will not be revealed.

Owner's Signature _____ Date _____

For questions or comments, contact Debbie Johnson, JRTRF Chairman Debbie@jrt-research.com or 770 427-1618

Send DNA Sample, a copy of this form, pedigree and all related medical documents to Dr. Gary Johnson, submit copy of form to Dr. Ruth Wilburn for JRTRF database.

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