



INDIVIDUAL GENETIC DATA FORM

JACK RUSSELL TERRIER RESEARCH FOUNDATION

“Working for Future Generations”

www.JRTHHealthRegistry.com

INSTRUCTIONS: PLEASE PRINT CLEARLY. KEEP PINK COPY for your records.

Attach a copy of the pedigree and any medical diagnosis (i.e. CAER/CERF, BAER) to this form.

www.JRTHHealthRegistry.com to submit Health and Genetics test results

Terrier Information

Date of DNA Submission: _____ **New:** **Updated** Information: (Please check one)

Terrier's Full Name (incl. Kennel): _____ Reg. # _____

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

Breeder's Name: _____

Sire: _____ Reg. # _____

Dam: _____ Reg. # _____

Terrier's Tests and Forms (Please attach copies of test results or you may mail them later)

CAER/CERF Date (mm/yy) _____ Result: Normal Other Diagnosis _____

BAER Date (mm/yy) _____ Result: Normal Other Diagnosis _____

Other Tests & Diagnosis _____

Terrier Health History (Has any condition been diagnosed in this terrier?)

Condition: _____ Age First Suspected: _____ Age Diagnosed: _____

Condition: _____ Age First Suspected: _____ Age Diagnosed: _____

Family History (Has any condition been diagnosed in other family members?)

Relationship & Name: _____ Condition: _____ Age Diagnosed: _____

Relationship & Name: _____ Condition: _____ Age Diagnosed: _____

Relationship & Name: _____ Condition: _____ Age Diagnosed: _____

Comments (Additional history and pertinent information)

Owner's Information & Consent

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

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

Owner's Signature: _____ Date: _____

For questions: DNA Bank: Debbie Johnson : (770) 427-1618 or (404) 539-0155 (cell); Debbie@jrt-research.com

Send **WHITE COPY**, Pedigree and related medical documents to:

Send **YELLOW COPY**, Pedigree and DNA Sample to:
JRTRF DNA Bank
c/o Dr. Gary Johnson
320 Conaway Hall, University of Missouri
Columbia, MO 65211

KEEP PINK COPY
FOR YOUR RECORDS