

**The Dobermann Breed Council DCM Health Project**  
**DILATED CARDIOMYOPATHY SCREENING PROGRAMME APPLICATION FORM**

<p><b><u>Owners Details</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Home Tel: _____</p> <p>Work Tel: _____</p> <p>Mobile Tel: _____</p> <p>Email: _____</p>	<p><b><u>Referring Vet Details</u></b></p> <p>Name of your vet: _____</p> <p>Name of vet practice: _____</p> <p>_____</p> <p>Address of vet practice: _____</p> <p>_____</p> <p>Vet practice Tel: _____</p>
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**Your Dog's Details** (please fill out a separate form for each dog that you wish to have screened)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

KC registered name and number: \_\_\_\_\_

KC registered name of dam: \_\_\_\_\_

KC registered name of sire: \_\_\_\_\_

Do you have a copy of your dog's pedigree? Yes  No

Where did you obtain your dog (breeder, pet store etc)? \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Which Dobermann Breed Club are you are a member of? \_\_\_\_\_

Sex (please tick one): Male  Female  Male neutered  Female neutered

Has your dog or bitch been bred? Yes  No

If yes, can you provide the approximate breeding dates and the number of pups in each litter (continue on reverse of form if necessary): \_\_\_\_\_

\_\_\_\_\_

Do you have follow-up on any of these puppies? Yes  No

Have you owned a Dobermann with dilated cardiomyopathy (DCM) ? Yes  No

Are you aware of any other dogs with DCM that are related to your dog? Yes  No

How did you hear about this screening programme? \_\_\_\_\_

**To participate in this FREE screening programme, you must agree to provide us with a copy of your dog's pedigree and a sample of blood for DNA testing. This information is very important if we are to discover the genetic basis of DCM. All names will be treated in utmost confidence and pedigree information will only be shared within our research group. If you give your informed consent for this, please tick the box.**

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed and **SIGNED** forms to: **DBC HEALTH CO-ORDINATOR**, Carol Smith, 100 High Lane West, West Hallam, Derbyshire DE7 6HQ Tel: 0115 9321698 or e-mail REMESCA@aol.com

Once we have received your completed application form, we will contact you with the details of your nearest veterinary screening centre and instructions for how to make a screening appointment for your dog. Although there may be veterinary cardiologists geographically closer to you where you can get your dog screened for DCM, please bear in mind that only the specified centres taking part in this national screening programme, can currently offer this screening service to you free-of-charge.