



# Michigan State University - Papillon Cataract Study

Dr. Simon Petersen-Jones  
Professor- Comparative Ophthalmology  
Dept. of Small Animal Clinical Sciences  
Veterinary Medical Center  
736 Wilson Road Room D-208  
East Lansing, MI 48824-1314  
Email: [eyereseach@cvm.msu.edu](mailto:eyereseach@cvm.msu.edu)



## Information Form

ALL INFORMATION IS HELD IN COMPLETE CONFIDENCE

Please complete this form and provide us with as detailed a pedigree as possible.

<u>Papillon</u>		AKC REGISTERED NAME: _____		HAVE YOU INCLUDED A PEDIGREE? <input type="checkbox"/> Y <input type="checkbox"/> N		COLOR: _____		HAVE YOU INCLUDED EYE EXAM. INFO? <input type="checkbox"/> Y <input type="checkbox"/> N	
BREED OF DOG: _____		NAME OF SIRE: _____		NAME OF DAM: _____		PRA STATUS: <input type="checkbox"/> AFFECTED <input type="checkbox"/> CARRIER <input type="checkbox"/> UNAFFECTED <input type="checkbox"/> DON'TKNOW			
DATE OF BIRTH: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (check box)		NEUTERED? <input type="checkbox"/> Y <input type="checkbox"/> N (check box)					
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### Your Details:

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

### History of eye diseases. Please provide copies of any current eye examination forms (such as CERF/OFA forms).

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### Please provide us with any contacts for obtaining samples from affected dogs or their relatives.

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