

Dachshund Breed Council research study to map and identify normal and abnormal thermal patterns in Dachshund backs

Registration form

Owner's name:

Dog's Registered name:

Address:

Breed/variety:

Date of birth:

Sex: **M/F** **MN/FN**

Colour:

Postcode:

Contact tel:

Email address:

Your dog's usual veterinary practice:

Name of your dog's vet (if known):

Veterinary Practice address:

I am happy for my vet to be made aware that my dog/s is/are taking part in this study (please delete as applicable) **YES / NO**

Has your dog ever suffered from back pain/discomfort that you are aware of? **YES / NO**

If yes, please give brief details:

Has your dog ever had surgery for any back conditions? **YES / NO**

If yes, please give brief details:

Is there anything about your dog that you may feel could be relevant to this study – such as other illnesses, back conditions in close relatives of your dog etc.

If yes, please give brief details:

For researchers' use only

Information requested is for the study use only and will not be passed on to third parties. By participating in this study, you consent to the Dachshund Breed Council's Health Sub-committee using the data to support its research into IVDD.

Owner's signature: _____ **Date:** _____