



Collection of EDTA blood samples from Norwegian lundehund

Owners name :

Country

Telephone..... Email @

Veterinary clinic.....

Telephone..... Email @

Are we allowed to contact owner if we need more information? Yes No

INFORMATION ABOUT THE DOG

Registration number / ID:	
Name:	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age	

A few questions associated with Intestinal Lymfangiectasi, (IL)

Did the dog ever get the diagnosis IL? Yes (first time at age) No

If yes: Name of veterinary clinic where dog was diagnosed:

.....

Was the diagnosis supported by blood serum values? Yes No Dont know

If "Yes" are the results available? Yes No Dont know

Occurrence of unspecific symptoms that may be associated with intestinal problems

	Never	Very seldom	Seldom	From time to time	Often (monthly)	Very often (weekly)
Does the dog occasionally have diarrhoea ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the dog occasionally vomit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the dog ever have ascites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional indications of intestinal problems associated with stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include the form and ship 5 ml EDTA blood to:

Norwegian School of Veterinary Science
 Section of genetics
 P.O. Box 8146 Dep.
 N-0033 Oslo,
 Norway