

# RHODESIAN RIDGEBACK DNA SAMPLE

Dog's Registered Name \_\_\_\_\_

AKC Number \_\_\_\_\_

Name of sire \_\_\_\_\_ AKC # \_\_\_\_\_

Name of dam \_\_\_\_\_ AKC # \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Length of ridge \_\_\_\_\_ inches

\_\_\_\_\_ Ridged \_\_\_\_\_ Ridgeless Number of crowns \_\_\_\_\_

\_\_\_\_\_ Black nose \_\_\_\_\_ Liver nose

*If there are two crowns, please check one of the following:*

\_\_\_\_\_ Symmetrical crowns (directly opposite each other)

\_\_\_\_\_ Asymmetrical crowns (Offset by \_\_\_\_\_ inch)

Has this dog ever been bred? \_\_\_\_\_ If yes, were any of the resulting puppies ridgeless? \_\_\_\_\_

If this dog is ridged, were any of its littermates ridgeless? \_\_\_\_\_

Has this dog had a dermoid sinus? \_\_\_\_\_ Did any littermates have dermoid sinus? \_\_\_\_\_

If dog has been bred, did any of the resulting puppies have dermoid sinus? \_\_\_\_\_

Name of owner or agent \_\_\_\_\_

Owner's address \_\_\_\_\_

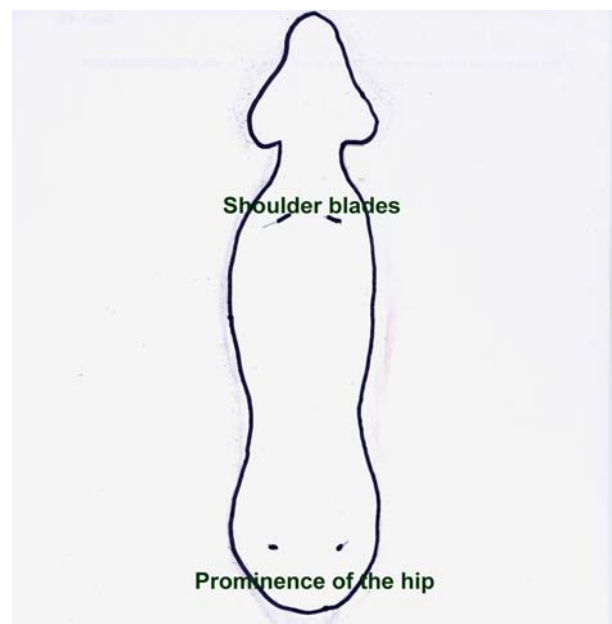
Owner phone \_\_\_\_\_ Owner email \_\_\_\_\_

**In the box at right, please draw as accurate a picture as possible of your dog's ridge.** Please remember to include all crowns, the shape of the fan, and tapering of the ridge, as well as its placement relative to the shoulder blades and prominence of the hip, which are noted on the diagram.

Comments about this dog's ridge, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please turn page and complete the other side of this form.**



Dog AKC Number \_\_\_\_\_

Please check all applicable boxes

Cancer

**Hemangiosarcoma**  
**Lymphoma**  
**Mast cell**  
**Osteosarcoma**  
**Other** \_\_\_\_\_

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Cardiac disorders

**Subaortic stenosis**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Dermatological disorders

**Atopic dermatitis**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Gastrointestinal disorders

**Bloat**  
**Megaesophagus**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Ear disorders

**Chronic ear infections**  
**Deafness**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Endocrine disorders

**Hypothyroidism**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Eye disorders

**Cataracts (Juvenile)**  
**Ectropion**  
**Entropion**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Neurological/muscular disorders

**Epilepsy**  
**Degenerative myelopathy**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Orthopedic disorders

**Elbow dysplasia**  
**Hip dysplasia**  
**Kinked tail**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Reproductive disorders

**Cryptorchid**  
**Monorchid**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |

Other \_\_\_\_\_

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

Other \_\_\_\_\_

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Affected | <input type="checkbox"/> Littermate Affected | <input type="checkbox"/> Produced affected offspring |
|-----------------------------------|--|--|

**WHITE MARKINGS**

On the drawings at right, please indicate the shape, size and location of any white markings.

**Write your dog's AKC # on all three DNA samples and mail with this form to:** Dog DNA Research, Veterinary Genetics Laboratory, University of California, One Shield Ave., Davis, CA 95616-8744.

**Questions? Contact Denise Flaim at 516-676-3398 or email [revodana@aol.com](mailto:revodana@aol.com)**

