

Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

1333 Gortner Avenue, St. Paul, Minnesota 55108

Phone : (612) 625-8787

Fax : (612) 624-8707

Toll Free : 1-800-605-8787

e-mail : vdl@umn.edu

Web site :

www.vdl.umn.edu

Canine Exercise Induced Collapse (EIC) Testing Form

Contact Information - Owner

Owner Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____

e-mail _____

Attending Veterinarian

Veterinarian _____

Clinic Animal Medical Center _____

Address 1115 Gee Street _____

City Jonebsoro _____ State AR _____ Zip 72401 _____

Country United States _____

Phone 870-935-8387 _____ Fax 870-972-4176 _____

e-mail amcjonesboro@gmail.com _____

Animal Information

Call Name _____

Clinic's Patient ID (if any) _____

Breed _____

Sex Male Female Intact Yes No

Date of Birth (mm/dd/yyyy) _____

Color _____

Is this Dog Registered? Yes No

If Yes, Registered Name

Reg. # _____

Tattoo / Microchip _____

TO UPDATE A DOG'S REPORT WITH REGISTRATION INFORMATION AT A LATER DATE, A PERMANENT ID MUST BE VERIFIED AT THE TIME OF TESTING.

Sire _____

Dam _____

Type : Field Trial Hunt Test Conformation

Pet Other _____

Result Reporting

e-mail: Owner Vet Clinic Both

Fax: Owner Vet Clinic Both

Other: _____

History & Physical Findings

Has this dog experienced episodes of collapse (Specifically, loss of control of the rear limbs during highly exciting or stressful activity)?

Yes No If yes, note all that apply:

Rear limbs seem floppy, and don't seem to be able to hold up my dog's weight.

Dog seems to have trouble maintaining balance and will fall over to the side.

The dog's limbs seem stiffer than normal and held straight and stiff.

Front limbs Rear limbs Both

Other _____

Activities that cause collapse (check all that apply):

Field Trial Training Hunt Test

Upland Game Hunting E-collar Correction

Swimming Fun Bumpers

Other _____

Does your dog have a history of:

Loss of Muscle Mass Abnormal Muscle Biopsy

Seizures Hypoglycemia

Respiratory Difficulties Abnormal Heart Rhythm

Myasthenia Gravis Narcolepsy

Cranial Cruciate Ligament (CCL) Rupture Abnormal Thyroid Function

Yes No May we contact you regarding a CCL injury study?

Owner's Signature _____ Date _____

To be completed by attending veterinarian:

I DID verify tattoo/microchip on this dog. I DID NOT verify tattoo/microchip on this dog. No tattoo/microchip

Signature _____ Date _____

For office
use only

For current test
price, please see
link:

Fees and Test
Information

Billing

CK# _____ Enclosed

Bill to Clinic

Pay by Credit Card,
please use attached
Authorization Form.

Re-submission
VDL # D _____

Sample Type

Whole Blood Cheek Swabs

Semen Dew Claws