

BURMESE SEVERE MIDLINE DEFECT STUDY

Please note that all information obtained will be kept confidential.

Please fill out the following information on your cat/kittens and check the appropriate box.

1.	Owner: Name			
	Address			
	Address			
	Phone number			
2.	Queen's registered name			
3.	Sire's registered name			
4.	How many kittens total in the litter?	#Male:	# Female:	#Unknown:
5.	How many affected kittens?			
6.	Have the parents been bred together before?	YES <input type="checkbox"/> go to 7.	NO <input type="checkbox"/> go to 9.	
7.	Were there affected kittens in previous litters?	YES <input type="checkbox"/> go to 8.	NO <input type="checkbox"/> go to 9.	
8.	# Normal kittens:	#Affected kittens:		
9.	Have any of the parents listed above been bred to others before?	Yes <input type="checkbox"/> go to 10	No <input type="checkbox"/> go to 11.	
10.	Please describe the other breedings briefly: Number of normal kittens, number of affecteds, how many breedings?			
11	Please describe clinical signs of the kittens submitted today and add photo if possible.			
12.	Any supplements or medication given during pregnancy?			
	Comments:			

Please provide the following and send it to the address below.

13.	Copy of the pedigree
14.	EDTA blood (2-5 mls; purple top tube) from any of the parents if possible
15 .	This study form .

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