

Degenerative Myelopathy (DM) Health Update Form

Please fill out the form below, and fill in blanks as appropriate:

Name of Owner:

Dog's Call Name:

Dog's Registered Name:

Dog's Registration Number:

Dog's Sex:

Dog's Date of Birth:

Degenerative Myelopathy questions:

1. Has your dog been diagnosed with Degenerative Myelopathy?
2. Was DM in your dog diagnosed by a veterinarian?
3. What was the date that you dog began to show symptoms of DM?
4. Is your dog still alive?

If NO, when did your dog die?

What was the cause of death?

5. How long has your dog been showing signs of DM?

- 1-3 months
- 4-8 months
- 9-12 months
- 13-18 months
- 19-24 months
- 24-36 months
- More than 36 months

6. Which of the following tests were done to make the diagnosis of DM:

<u>Test</u>	<u>Result</u>	
<input type="checkbox"/> No diagnostic test, clinical symptoms only	n/a	
<input type="checkbox"/> Spinal radiographs (X-rays)	Normal	Abnormal
<input type="checkbox"/> Myelogram (contrast X-ray)	Normal	Abnormal
<input type="checkbox"/> CT (CAT) scan	Normal	Abnormal

For any abnormal result, please list findings:

7. Describe the FIRST symptoms of DM in your dog (please check all that apply):

- One rear leg weaker than the other
- Dragging toes
- Falling in rear legs
- Tremors in rear legs

8. Describe the CURRENT symptoms of DM in your dog (if deceased, symptoms at time of death):

- | | |
|--|--|
| <input type="checkbox"/> Weakness in one rear leg | <input type="checkbox"/> Unable to move rear legs |
| <input type="checkbox"/> Loss of muscle in rear legs | <input type="checkbox"/> Fecal incontinence |
| <input type="checkbox"/> Weakness in both rear legs | <input type="checkbox"/> Weakness in front legs |
| <input type="checkbox"/> Loss of muscle mass over entire body | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Unable to support weight in rear legs | <input type="checkbox"/> Unable to support weight in all limbs |
| <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Pain in back |
| | <input type="checkbox"/> Unable to move all limbs |

Other (please specify):

9. When (approximate date) was your dog unable to stand in the hind limbs and needed assistance walking?

10. When (approximate date) did your dog have difficulty walking in the front limbs?

11. Do you know of relatives of your dog who are diagnosed with Degenerative Myelopathy?

If yes, please check all that apply:

- Sire
- Dam
- Sibling
- Grandparent
- Other (please specify):

12. If you did not provide a pedigree copy with the original sample, please send a copy of the pedigree if it is available. Please choose one of these options:

- Pedigree was sent with original samples
- Pedigree attached
- Pedigree will be mailed/emailed separately
- Pedigree unknown/not available

13. Any other information you feel would be useful for the researchers, please list below:

Thank you for submitting this sample and completing this information!

