



Necropsy Rebate Form

Owner's Name: _____

Owner's Address: _____

Dog's call name: _____

Registered name: _____

Registration Number: _____

Date of Birth: _____ Date of Death: _____

Cause of Death: _____

Submission includes (please check all that apply):

Histopath report (required for rebate): _____

Three-generation pedigree: _____

DNA (lavender top tube with 5-10 mls of blood, or *frozen* tissue such as spleen or tongue) _____

Veterinarian's name and contact info: _____

Thank you for participating in the Clumber Spaniel Health Foundation's Piper Fund necropsy project. Submissions such as yours may prove valuable to future research projects, and help to improve the health and wellbeing of all Clumber spaniels.

Your signature below affirms that you authorize the release of your name and address to the Piper Fund, as part of the Clumber Spaniel Health Foundation, so that they may forward your rebate check to you. It also affirms your permission to use the information in this report, as well as any DNA which may be part of this submission, for future research projects.

(owner's authorization)

date

Please send completed form to:

Dr Gary Johnson
Clumber DNA research
320 Connaway Hall
University of Missouri
Columbia, Missouri 66211

For more prompt reimbursement, please send a
copy of your completed form to:*

Milford Cole, Treasurer
c/o Clumber Spaniel Health Foundation
221 Crestwood St.
Lake Charles, LA 70605

*Any information provided to the CSHF Treasurer will be maintained in confidence and used only for purposes of providing reimbursement for your participation in this program.