



## 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: \_\_\_\_\_

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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.

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(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.