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| Canine Subject ID: \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date of Consent: \_\_ \_\_/\_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  dd /mm/ yyyy  Time of Consent: \_\_ \_\_: \_\_ \_\_  (hh:mm) (24 hour clock) | | * Electronic Consent | |
| Animal Breed |  | | |
| Animal Colorings/Markings |  | | |
| Sex | * Male | | * Female |
| Animal Neutered/Spayed | * Yes | | * No |
| Animal Age (approx.) |  | | |
| Pertinent Medical  History of Pet |  | | |
| Current Medications |  | | |
| Samples Obtained | * Oral swab * Fecal sample | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |