|  |
| --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |