



Health Information Submission Form

Liver Enzyme Research Project- H&MRC6.04.001

Registered Name of Alaskan Klee Kai: _____

UKC Registration Number: _____

Dog's Date of Birth: _____

Dog's Call Name: _____

Circle: Male / Female ~ Neutered / Spayed

Name of Registered Owner(s): _____

E-Mail Address: _____

Owner(s) Mailing Address: _____

Phone Number:
(____) _____

I understand that this information will be shared with members of the Alaskan Klee Kai Association Health and Medical Research Committee; it may be shared with breeders, owners, health care professionals, or others that the organization believes might be of helpful assistance in addressing our concerns regarding liver enzymes in the Alaskan Klee breed.

Owner's signature _____

Date _____

Please provide as much information as you can for the following areas. THANK YOU!

We recommend the following blood work:

Liver screen: ALT, AST, Alkalkine Phosphatase, GGT, Total Protein, Albumin

Kidney Screen: BUN, Creatinine

Additionally, consider getting ~~

Hematology: CBC with Differentialif one has not previously been done, or if a prior one has been abnormal

Thyroid Panel: To help provide some baseline information on the Alaskan Klee Kai breed

To assure the best conditions for obtaining accurate test results, the dog should be:

- well (not sick or have an infection)
- fasting for 12 hours prior to blood being drawn
- not in heat or not around females in heat if a male

Any of the above conditions can cause an abnormal blood test result in one or more of the tests.

1) Date of blood work _____ 2) This dog (has had) / (has not had) previous abnormal lab values.

Please explain (if yes) _____

Please list all medication the dog was on at the time the blood work was done: _____

3) Please indicate if there are any other dogs at this residence with abnormal blood work: Circle: Yes/No/Unknown _____

Comment: _____

4) Indicate primary living quarters of this Alaskan Klee Kai:

Inside the house _____ Outdoor kennels _____ Other (specify) _____

5) What is the primary water source for this Alaskan Klee Kai?

City water supply _____ Private well _____ Other (specify) _____

6) Please specify this dog's usual brand of dog food: _____

7) If there were abnormal lab results, what did your veterinarian recommend that you do? _____

8) What, if anything, did you do? (use back of sheet for your response)

9) Please use back of sheet to describe any social problems of shyness, aggression, nipping, biting, or other that you observe in your dog.

Please send 1) this completed form 2) a legible copy of the original lab results, including reference ranges and 3) contact information for the veterinarian (such as a business card) to the Health and Medical Research Committee at the address below:

Lo Binkley
77 W Avenida de Las Flores
Thousand Oaks, CA, 91360
lobink@roadrunner.com

Thank you for helping us to assure healthy Alaskan Klee Kai!