



THE UNIVERSITY OF GEORGIA
College of Veterinary Medicine

Brussels Griffon Study Application Form
Syringomyelia Pilot Study Project – 2008/9

STUDY TITLE: “Syringomyelia in the Brussels Griffon (Griffon Bruxellois): Magnetic Resonance Imaging Findings, Clinicopathology, and Prevalence”

Primary Investigator: Dr. Simon Platt & Dr. Marc Kent

Co-Investigators: Dr. Scott Schatzberg, Dr. Clare Rusbridge, Penny Knowler

Funded by the AKC-CHF Grant # 1004

Name of Owner: _____

Address: _____

Phone No: _____ Alternate Phone No: _____

Registered Name of Dog: _____

Registration Number: _____ Tattoo/Microchip No: _____

Call Name: _____ Pedigree Attached: _____ (yes) _____ (no)

Sex: _____ (Male) _____ (Female) Neutered / Spayed? _____ (yes) _____ (no)

Date of Birth: _____ Place of Birth: _____

- Is your participation in this study due to:
 - SM Suspect _____ Vet Referral _____ Breeder Referral _____ Study Purposes _____
- I am a: _____ (Breeder) _____ (Pet Owner)

Additional comments regarding participant:

CONSENT: By way of my signature below, I hereby consent to results from this study being used for research purposes and reporting by University of Georgia College of Veterinary Medicine, the American Brussels Griffon Association and/or the AKC-CHF. All individual dog results will be relayed to the owner/breeder and will be confidential. I also acknowledge that I will be required to sign a Consent Form to be presented by the UGA College of Veterinary Medicine upon presentation and participation in this study.

(Signature of Owner)

(Date)

Form may be submitted as PDF (Adobe Acrobat Pro required) to abgstudy@uga.edu; or fax to the attention of Dr. Simon Platt at 706-542-6460; or mail to Dr. Platt at Dept. Small Animal Medicine & Surgery, College of Veterinary Medicine, 501 DW Brooks Drive, University of Georgia, Athens, GA 30602.