Alaskan Malamute Club, Victoria Inc.

Inc Reg No. A0016353X



THYROID RESULTS SUBMISSION FORM

This form is for registering of thyroid results for Alaskan Malamutes, with the main aims being to determine the incidence of true hypothyroidism in our breed and the normal range of thyroid hormone for the Alaskan Malamute breed. RESULTS ARE REQUIRED FROM ALL DOGS including those with normal thyroid and/or no symptoms, as well as those with symptoms or illness. Veterinary reports are NOT required.

STRICT CONFIDENTIALITY OF THE RESULTS WILL BE ASSURED.

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OWNER'S DETAILS: Name:			Date submitted:	
Address:				
Email Address:				
	LE / FEMALE EN	ITIRE / DESEXED: Date of	desexing:	
TEST RESULTS Please complete as ma	ny sections as you can	Reference ranges and unit	ts of measurement are vital	
Date of tests:	Dog's result	Measurement Unit e.g. nMol/L pmol'L etc.	Normal Reference Range	
Free T4 (FT4)				
TSH (Thyroid Stimulating Hormone)				
TgAA				
Other Test results: e.g. Total T4 (TT4), Cholesterol or any other test results that may be relevant				
Test	Result	Measurement Unit (if applicable)	Normal Reference Range (if applicable)	
Reason for test: BREEDING / HEALTH PROBLEMS / HEREDITARY REASONS Other: If the test was done due to the dog experiencing health problems, please list symptoms: What treatment was received as a result of this testing?:				
What trouble was received as a result of this testing.				
Was the treatment successful?: YES / NO				
Thyroid levels are affected by factors such as vaccinations, unrelated illnesses, heat cycles, strenuous training (please provide details), stresses etc. please state if your dog had experienced any of these prior to testing, details and date:				
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Please mail this form to: AMCV Secretary, PO Box 41, Hurstbridge VIC 3099 or Email to: amcv@bigpond.com.au A copy of this form is also available on the AMCV website at www.users.bigpond.com/amcv/. Please feel free to copy and distribute this form to local clubs and owners/breeders who may not be members as all data is of importance. Any queries or requests for further information can be directed to the AMCV Health Officer.

Office use only	Date received:	Reference No.