## Information Release Agreement

Thank you for opting to provide information on dogs you own for this Holter rental! By participating in information sharing, your silken's holter data will help determine if and to what extent arrhythmias exist in Silken Windhounds, contribute data to support a Silken Windhound specific cardiac study, determine demographic trends of Silken Windhounds affected by arrhythmias, develop guidelines to help breeders make safe breeding decisions, and determine if other cardiac conditions can be identified through Holter testing.

## Confidentiality

- Your name, kennel name, dogs' names, and any other personal identifiers will always be redacted from any publications.
- The only way results will be shared is through statistics such as:
  - Demographic trends
  - Degree of frequency and/or distribution of arrhythmias in our breed.
- Periodic summary of what we have found out as outlined above.
- Potentially a Silken Windhound focused cardiac study.

What you agree to share by renting this Holter:

- Holter results (Full Disclosure) from Alba Medical
- Cardiologist report if one is obtained
- 3-generation pedigree of the dog tested
- ISWS registration number and registered name of the dog
- Age of death and sex of any dogs you have owned who have died of sudden cardiac death or otherwise died suddenly of unknown causes.
- Willingness to provide updates on your dog's cardiac health
- Willingness to provide an update should your dog die suddenly/unexpectedly of unknown causes, from sudden cardiac death, or from other cardiac problems.
- Willingness to provide the necropsy report if one is obtained

**Please fill out the following form and send it** via email to: Danielle Snyder Steenkamp at Sataraborzoi@gmail.com (Subject: Attention - Holter)

I, Danielle Snyder Steenkamp DVM, pledge to you that I will take the greatest care to protect all information that may identify you, your kennel, or your dogs.



# Health Information Sharing

#### Contact information of owner

Your name	Phone number
Email address	

Registered name of dogs participating in the Holter Rental: (Fill out the information for each dog you are entering for our data and eventual study, and attach a pedigree for EACH dog).

1.	Registered Name:				
	Registration number:		_ Call name:		
	Sex:	Date of Birth:			
	Owner:				
2.	Registered Name:				
	Registration number: _		Call name:		
	Sex:				
	Owner:				
3.	Registered Name:				
	Registration number: _		_ Call name:		
	Sex:				
	Owner:				
4.	Registered Name:				
	Registration number: _		Call name:		
	Sex:	Date of Birth:	· · · · · · · · · · · · · · · · · · ·		
	Owner:				
5.	Registered Name:				
	Registration number: _		_ Call name:		
	Sex:	Date of Birth:			
	Owner:				
6.	Registered Name:				
	Registration number: _		_ Call name:	<u> </u>	
	Sex:	Date of Birth:			
	Owner:				
7.	Registered Name:	<u> </u>			
	Registration number: _				
	Sex:	Date of Birth:			
	Owner:				



### Background

Include the name, sex, age at death, and circumstances surrounding the death of any dogs you have owned who have died suddenly and without clear physical cause that would rule out sudden cardiac death. If more information is needed, you may use an extra page.

Name	Sex	Age at death	Circumstances of Death

To your knowledge,	have any related dogs died suddenly or been diagnosed with cardiac
disease?	If yes, please describe where in the pedigree these dogs can be
found.	

Signed \_\_\_\_\_

I give advanced permission for the information I provide to Danielle Snyder Steenkamp DVM to be sent to and used by a Canine Health Foundation-approved researcher for a Silken Windhound focused cardiac study. Initial \_\_\_\_\_

