



GDC/SIGHT
 P.O. Box 177
 Warner, NH 03278
 603-456-2350
 gdc@conknet.com

Rcvd:
 Ck. #:
 Reg. mailed:

Sealyham SIGHT Registry

**Notice: Eye exams are not required
 for registration as of June 2004.**

This registry is a crucial part of our work to reduce the prevalence of lens luxation in Sealyham Terriers. For the registry to be useful, we must register ALL Sealyhams, including neutered and pet dogs. You may register your dog with or without an eye exam now, and update the record when your dog has an eye exam.

(If your dog is affected, is an assumed carrier, or is a close relative of either, please submit your dog's blood sample for our DNA research project. For more information call 603/456-2350 or download the Blood Submission Form from the SIGHTweb page.)

1) If your dog has a current eye exam, obtain a copy of that eye exam. This can be a CERF Exam by an ophthalmologist, or a Basic Eye Exam done by your veterinarian (on letterhead).

2) Obtain a 3 to 5-generation pedigree for your dog.

3) Check the boxes that apply:

- No Current Exam** (SIGHT will send you periodic reminders to have your dog's eyes examined and to update your registration.)
- CERF Exam** (This is a standard eye exam performed by a veterinary ophthalmologist (eye specialist). It is easy to schedule and relatively inexpensive, and offers the best possibility for early detection of lens luxation. The American Sealyham Terrier Club recommends yearly CERF exams. Visit the SIGHTweb page for a national listing of ophthalmologists.)
- Basic Eye Exam** (Eye exam by veterinarian other than ophthalmologist. Results must be written on letterhead and signed by veterinarian.)
- Affected Dog** (Check this box if you are registering a dog diagnosed positive for lens luxation. There is no charge for registering an affected dog.)
- Carrier Dog** (A dog is assumed to carry the gene(s) for lens luxation if it is either the offspring or parent of an affected dog. There is no charge for registering a carrier dog.) **IMPORTANT:** Write names of affected offspring or parent on pedigree.

4) Mail this form, a copy of eye exam, pedigree, and check made out to GDC (see fees below). Mail to:

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FEES

Affected/carrier dog	NO CHARGE
First-time registration	\$10
Eye exam update	\$5
Multiple registrations (3 or more dogs)	\$25

Owner

Co-owner (if any)

Owner phone EMAIL

Owner street address

City

State/Province country postal code

Ophthalmologist or Veterinarian

Clinic name & street address

City

State/Province country postal code

Dog's registered name

Sealyham Terrier

AKC or other registration # Breed

M F Y N
 Dog's call name sex neutered?

mo./ day/ yr. / total number in litter
 Birth date

I.D. number Tattoo Microchip DNA

Sire's registered name

AKC or other registration #

Dam's registered name

AKC or other registration #

Breeder

Street address

City State/Prov. Zip Country

State/Province country postal code

I hereby apply to register my dog with GDC/SIGHT and certify that the information in this application and accompanying medical evaluation are of the dog here described. I authorize GDC to make all evaluation information available to registered users of the GDC open registry. I understand that this information will remain permanently in the GDC data base, may be corrected if shown to be in error, and may be licensed to other open registries. .

Yes! I want to be advised immediately if data in the SIGHT registry suggests that my dog may be related to an affected dog.

OWNER SIGNATURE _____ DATE _____