

# Papillon Club of America Health & Genetics



## DISCLOSURE OF HEALTH DISORDER

(January 2015)

### PROCEDURE :

In the interest of encouraging of public disclosure of health disorders, the PCA (Papillon Club of America) grants any owner the necessary space (up to 1/2 page) for disclosure in Pap Talk and the PCA Genetics website. This is at no cost to the owner and is to be used to identify Papillons known to be affected with a health disorder.

Genetic disorders include, but are not limited to: eye, liver, blood, and neurological disorders. This disclosure must be signed by all owners and accompanied by the following documents:

1. Veterinary proof of disorder (**which will not be printed in PapTalk nor posted on the Genetics website**).
2. Photocopy of current AKC or foreign registration papers showing the dog's (or parents) current ownership.
3. Mode of identification of dog. (tattoo, microchip, picture).
4. Detailed disclosure form (pages 2 & 3)

A copy of the disclosure will be kept on file with the Recording Secretary  
Owners and co-owners must complete the disclosure

Please send the disclosure (with above listed documents) to:

Andrea Meloon,  
13794 W.Waddel Rd  
Suite 203, #179  
Surprise. AZ 85379 - US  
Phone : 602-320-2232

**Thank You for contributing to  
the Health of the Papillon !**

The Papillon Club of America, Inc. ("PCA/we/us") a non-stock corporation, and the undersigned person ("you") in consideration of the mutual promises in this HEALTH DISCLOSURE AGREEMENT (here after known as Agreement) and other good and valuable consideration, intending to be legally bound by this Agreement, agree to the following terms and conditions :

(Please Print Clearly)

**1. THE DOG :**

The following Papillon has been diagnosed by a licensed veterinarian as having a health disorder that you are disclosing in this agreement.

**REGISTERED NAME:** (or nickname if not registered)

\_\_\_\_\_

AKC No. \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Sex : \_\_\_\_\_ Male Neutered/Spayed : \_\_\_\_\_ Yes  
\_\_\_\_\_ Female \_\_\_\_\_ No

Registered Name of Sire : \_\_\_\_\_

Registered Name of Dam : \_\_\_\_\_

If deceased, date of Death : \_\_\_\_\_

Microchip or tattoo : \_\_\_\_\_

**2. DIAGNOSIS :** \_\_\_\_\_

Dog was examined by : \_\_\_\_\_

A licensed veterinarian in (city/state): \_\_\_\_\_

Age of onset of this diagnosis (month/year): \_\_\_\_\_

**3. PUBLICATIONS :**

The information in this disclosure (excluding the documentation from the veterinarian and any photograph) will be published in Pap Talk, the official publication of the PCA, and listed on the PCA Genetics website. Permission to share (for the purpose of publication) with other Papillon publications : **IS NOT given.**

**4. NO LIABILITY :**

The PCA is not liable for any claims, legal actions, losses, injuries, damages, costs, expenses or Liabilities whatsoever in connection with your disclosure of this health disorder.

**5. ENTIRE AGREEMENT / MODIFICATION / BINDING EFFECT :**

This Agreement is the entire agreement between you and us, and supersedes any prior understandings between you and us with respect to the subject matter of this Agreement. No modification of this Agreement will be valid unless in writing duly signed by both you and us. This agreement is binding upon your and our heirs, assigns, successors, personal representatives and executors of PCA and yourself.

DATED: (month-day-year) \_\_\_\_\_

OWNER : \_\_\_\_\_ ( print )

OWNER SIGNATURE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_  
(Street, City, State, Zip, Country)

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CO-OWNER/S :**

If co-owned, each co-owner must submit a signed agreement (#5 above).

CO-OWNER 1: \_\_\_\_\_ ( print ) CO-OWNER 2 : \_\_\_\_\_ ( print )

SIGNATURE: \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
(Street, City, State, Zip, Country) (Street, City, State, Zip, Country)

Telephone: \_\_\_\_\_ Telephone : \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail : \_\_\_\_\_

**ADDENDUM :**

If the dog being disclosed is affected with a form of PRA ( Progressive Retinal Atrophy ) other than PRA1 (as determined by DNA testing) the following statement will appear with the above information :

Because this condition is carried as a simple recessive gene, both parents and all offspring of the affected dog MUST be CARRIERS. Because PRA is carried as a recessive, NO assumptions may be made about the grandparents of the affected dog except that ONE grandparent from each side (sire and dam) is a CARRIER. There is currently no way to determine which grandparent carries the gene. Because PRA is carried as a recessive, NO assumptions may be made about the littermates of the affected dog as there is a 25% chance that each is totally clear of the disease, a 25% chance that each is affected, and a 50% chance that each is a carrier. Because PRA is carried as a recessive, NO assumptions may be made about the grandchildren of the affected dog as there is a chance that they are totally clear of the disease.