

WESTIE FOUNDATION OF AMERICA, Inc. Biobank Agreement

Date _____

Registered Name	Registration Number AKC _____ CKC _____
Sex Spayed _____ Neutered _____ Intact _____	Call Name
Date of Birth _____ Country _____ Date of Death (if applicable) _____	ID Number (if any): Microchip _____ Tattoo _____
Cause of Death (if applicable)	Sample Source Blood _____ Tissue _____ Semen _____
Sire Name and Registration #	Dam Name and Registration #
CHIC Number	Titles (Prefix and/or Suffix)
Owner Name	Co-Owner Name(s)
Owner Mailing Address	Co-Owner Mailing Address
City _____ State _____ Zip/Postal Code _____	City _____ State _____ Zip/Postal Code _____
Owner Email _____ Owner Phone _____	Co-Owner Email _____ Co-Owner Phone _____

Leading the Way to Westie Health

I (We) hereby agree to the following provisions of the WFA Biobanking & Health Database:

1. The Westie Foundation of America, Inc. (WFA) will be named as the "Organization" on the DNA Sample Submission Form/Agreement with *Resero Genomics* at the time of sample submissions from my West Highland White Terrier(s).
2. I (We) agree to entrust the management of the DNA processed and stored from my West Highland White Terrier(s) at *Resero Genomics* to the Westie Foundation of America, Inc.
3. I (We) understand that the WFA will be responsible for all expenses of processing and yearly storage for the samples I have submitted to *Resero Genomics*.
4. I (We) understand that future research projects, sequencing, and/or DNA testing trials may arise which are deemed potentially beneficial to the breed by the WFA. Furthermore, I (we) understand that information regarding such projects will be made public via the WFA Website and other electronic means. I (we) also understand that the WFA will pay all shipping charges of the DNA samples sent from *Resero Genomics* to the research site.
5. Results from such research projects will be made public as aggregate data by the WFA per agreement with the individual researcher. Results on any individual dog will never be made public, but results on my own West Highland White Terrier (s), if available, may be provided to me in upon written request.
6. I (We) understand that the WFA will receive, record, and maintain the submitted contact information and health data regarding my West Highland White Terrier(s).

7. I (We) understand that the contact information and health data submitted herein and all testing results and updates will be maintained in a secure database in the strictest confidence by the WFA.

I (we) agree to entrust the management of my West Highland White Terrier(s)' DNA samples stored at *Resero Genomics* to the Westie Foundation of America, Inc allowing full access to this DNA for research purposes.

Signature of Owner _____ Date _____

Signature of Co-Owner _____ Date _____

Signature of Co-Owner _____ Date _____

Please return in the enclosed envelope this completed form and the completed WFA Biobank Health Survey via mail or email to:

