WESTIE FOUNDATION OF AMERICA, Inc.
BIOBANK AGREEMENT

Date_____

Registered Name Titles (Prefix and/or Suffix)	Registration Number AKC_____ CKC_____ CHIC #
Sex Spayed_____ Neutered_____ Intact_____	Call Name
Date of Birth Country	Microchip # _____ Tattoo # _____
Date and Cause of Death (when applicable)	Sample Source Blood _____ Tissue_____ Semen_____
Sire Name Registration # CHIC #	Dam Name Registration # CHIC #
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

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

1. I (We) agree to entrust the management of the DNA processed and stored from the blood of my West Highland White Terrier(s) at *Azenta, US, Inc* to the Westie Foundation of America, Inc.
2. I (We) understand that the WFA will be responsible for all expenses of processing and yearly storage for the samples I have submitted to *Azenta, US, Inc.*
3. 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.
4. 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.

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5. I (We) understand that the WFA will record and maintain the submitted contact information and health data regarding my West Highland White Terrier(s) in a secure, confidential database.

I (we) agree to entrust the management of the DNA samples from my West Highland White Terrier(s) at *Azenta, US,Inc* 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_____

Please return this form with the completed WFA Biobank Health Survey via mail to:

Ann Marie Holowathy
145 Bunker Street
Doylestown, PA 18901