Cavalier King Charles Spaniel, U.S.A. Health Foundation, Inc.
(Cavalier Health Foundation)

RESEARCH GRANT PROGRESS REPORT
Quarterly ☐ / Semi-Annual ☐ *(check one)*

PROJECT TITLE:
INSTITUTION:
INVESTIGATORS:
REPORT PERIOD: __ / __ / ____ to __ / __ / ____ (mm/dd/year)
PERSON COMPLETING THIS REPORT: **TELEPHONE NUMBER:** **EMAIL ADDRESS:**
BRIEF SUMMARY OF ACTIVITIES THIS PERIOD (Please address progress made toward the ***Specific Objectives*** in original proposal; use additional pages as needed)**:**

RETURN TO:

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