

**Belgian Sheepdog Club of America, Inc.**  
**HEALTH REGISTRY QUESTIONNAIRE**

**IDENTIFICATION OF DOG**

Registered Name: \_\_\_\_\_ Male Female (Circle one)  
Registration # (AKC or UKC, if known. Please provide copy of registration certificate if possible): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death, if applicable: \_\_\_\_\_  
Cause of death. Please submit copy of necropsy (autopsy) report if available: \_\_\_\_\_

\_\_\_\_\_

Please complete the following information on your dog's pedigree, or preferably provide a copy of a four generation pedigree:

_____	_____
Sire	Grandsire
_____	_____
	Granddam
_____	_____
Dam	Grandsire
	_____
	Granddam

**IDENTIFICATION OF OWNER/BREEDER**

Name of breeder: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Name of current owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Your Name: \_\_\_\_\_  
You are (circle all that apply):    Breeder            Former Owner            Current Owner

**RELEASE**

I am the owner or breeder of the dog identified above. I have personal knowledge of the information I have provided and it is true and correct as of the date I have completed this survey. I understand that the Belgian Sheepdog Club of America intends to provide this information on request to club members who participate in the health registry and hereby permit the Club to do so. I waive any and all rights I may have against the Club in connection with its use of the information I have provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. ORTHOPEDIC PROBLEMS:****A. HIP DYSPLASIA:**

Has dog been X-rayed?  Yes  No

Was X-ray submitted to a registry by veterinarian?  Yes  No

Dog's full OFA # or other hip registry # (i.e., Penn HIP, GDC): \_\_\_\_\_  
(or provide copy of certificate)

If dysplasia diagnosed, please provide the following information:

Dog symptomatic:  Yes  No

Side affected:  Left  Right  Both

Degree:  Mild  Moderate  Severe

Dog produced hip dysplasia when bred to the following dog(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. ELBOW DYSPLASIA:**

Has dog been X-rayed?  Yes  No

Was X-ray submitted to a registry by veterinarian?  Yes  No

Dog's full OFA # or other elbow registry # (i.e., GDC): \_\_\_\_\_  
(or provide copy of certificate)

If dysplasia diagnosed, please provide the following information:

Dog symptomatic:  Yes  No

Side affected:  Left  Right  Both

Degree:  Mild  Moderate  Severe

Dog produced elbow dysplasia when bred to the following dog(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. OTHER ORTHOPEDIC DISEASES:**

Is dog affected, and diagnosed radiographically, with any of the following:  Yes  No

Osteochondrosis ("OCD")

Patellar Luxation

Shoulder dysplasia

Abnormalities of the hock

Other (please provide diagnosis): \_\_\_\_\_

Dog produced one or more of the above when bred to the following dog(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. EYE PROBLEMS:**

Has dog been examined by a board certified veterinary ophthalmologist?  Yes  No

Most recent CERF # or other eye registry # (e.g., GDC): \_\_\_\_\_  
(or provide copy of certificate)

Dog's age at most recent examination: \_\_\_\_\_

Diagnosis (please provide copy of ophthalmologist's report if available):

Normal

Entropion

Cataracts

Progressive Retinal Atrophy

Retinal dysplasia (retinal folds)

Chronic superficial keratitis (Pannus)

Other (describe): \_\_\_\_\_

Dog produced problem (specify problem) when bred to the following dog(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. SEIZURES/EPILEPSY:**

Dog not affected: \_\_\_\_\_  
 Dog affected: \_\_\_\_\_ Type of seizure:  
                                   \_\_\_\_\_ Generalized (grand mal type, with unconsciousness and convulsions)  
                                   \_\_\_\_\_ Focal (focal involuntary muscle contractions while awake, disorientation)

Describe briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Age of dog at first observed seizure: \_\_\_\_\_  
 Approximate # of seizures observed, and/or frequency of seizures (e.g., "one seizure every 2 months"): \_\_\_\_\_

Was a veterinarian's diagnosis made?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 If yes, please include documentation from veterinarian, if available.  
 Were any of the following associated with the seizure(s) (please circle):  
                   tumor                    trauma                    hypoglycemia                    poison                    fever  
                   other (please specify): \_\_\_\_\_

Medication required?                    \_\_\_\_\_ No                    \_\_\_\_\_ Yes  
 If yes, name of medication and dosage: \_\_\_\_\_

Dog produced seizures when bred to the following dog(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. CANCER:**

Dog not affected: \_\_\_\_\_  
 Dog affected: \_\_\_\_\_ Age at time of diagnosis: \_\_\_\_\_  
 Diagnosis (please attach copy of pathology report if available):  
                   \_\_\_\_\_ Lymphoma/Lymphosarcoma  
                   \_\_\_\_\_ Carcinoma. Specify primary site if known, e.g., breast, prostate, lung, bladder, etc:  
                   \_\_\_\_\_ Osteosarcoma  
                   \_\_\_\_\_ Hemangiosarcoma  
                   \_\_\_\_\_ Melanoma  
                   \_\_\_\_\_ Brain tumor. Specify type if known: \_\_\_\_\_  
                   \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Offspring of dog developed malignancy (specify type of cancer and age at diagnosis) when bred to the following dog(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

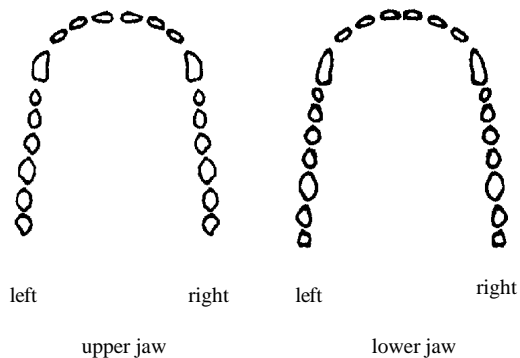
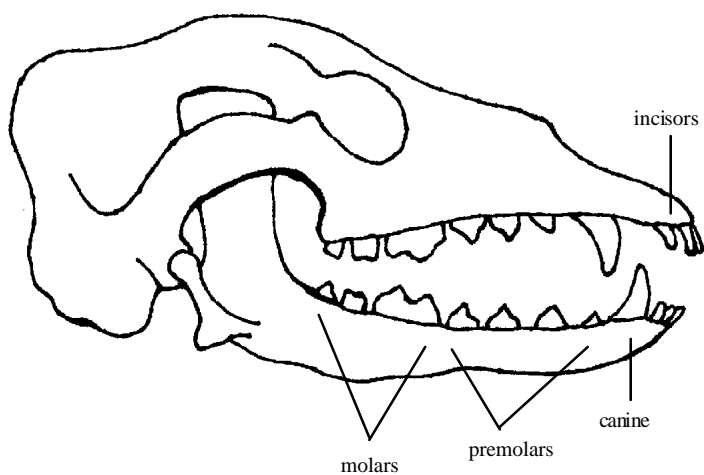
**5. THYROID:**

Thyroid function tests:    \_\_\_\_\_ never done                    \_\_\_\_\_ Age at most recent testing  
 Results (please attach copy of laboratory results, if available):  
                   Total T4 \_\_\_\_\_ Total T3 \_\_\_\_\_ Free T4 \_\_\_\_\_ Free T3 \_\_\_\_\_  
                   T4 autoantibody \_\_\_\_\_ T3 autoantibody \_\_\_\_\_  
                   Other (please specify): \_\_\_\_\_

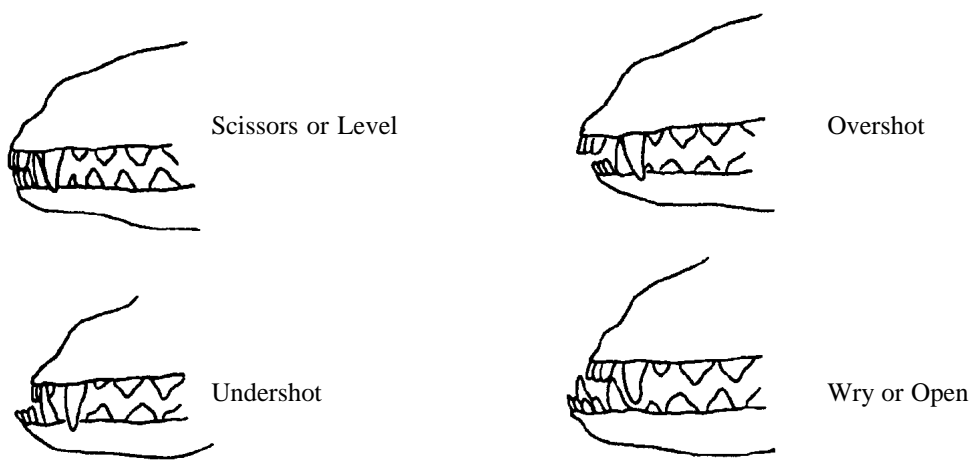
Diagnosis:    \_\_\_\_\_ Normal    \_\_\_\_\_ Hypothyroid    \_\_\_\_\_ Hyperthyroid  
 If dog is being treated, name of medication and dosage: \_\_\_\_\_  
 Dog produced hypothyroidism when bred to the following dog(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. **TEETH/BITE:**

Dog has all teeth:      \_\_\_\_Yes      \_\_\_\_No      If no, please circle any missing teeth



Dog has the following bite (please circle):



Diagrams modified from: Willis, M.G. *Genetics of the Dog*, Howell Book House, New York, N.Y., 1989.

Dog produced missing teeth (specify number and which teeth) when bred to the following dog(s): \_\_\_\_\_

\_\_\_\_\_

Dog produced these bites when bred to the following dog(s): \_\_\_\_\_

\_\_\_\_\_

7. ANESTHETIC DEATHS:

Has dog ever been anesthetized?  Yes  No  
 If yes, given for (circle all that apply): teeth cleaning spay/neuter radiographs biopsy  
 other (specify) \_\_\_\_\_  
 Anesthetic agents administered (circle all that apply): unknown acepromazine surital  
 oxymorphone valium ketamine halothane isoflourane  
 other (specify): \_\_\_\_\_  
 Did dog die?  No  Yes  
 If yes, did death occur:  during induction  during procedure  postoperatively  
 Age at time of death: \_\_\_\_\_ Health status at time of procedure:  good  poor  
 If dog was in poor health, please elaborate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. UNDESCENDED TESTICLES:

Not applicable; individual is female: \_\_\_\_\_  
 Dog not affected: \_\_\_\_\_  
 Dog affected:  monorchid (only one testicle present in scrotal sac)  
 cryptorchid (neither testicle present in scrotal sac)  
 Dog produced problem (specify problem) when bred to the following dog(s) (please complete regardless of whether dog is male or female): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. SKIN ALLERGIES:

Dog not affected: \_\_\_\_\_  
 Dog affected: \_\_\_\_\_  
 If yes, frequency and number of lesions (e.g., twice a year, ten lesions each time): \_\_\_\_\_  
 \_\_\_\_\_  
 Cause: Fleas \_\_\_\_\_ Food (specify) \_\_\_\_\_ Other \_\_\_\_\_  
 Treatment: \_\_\_\_\_  
 Dog produced allergies when bred to the following dog(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. OTHER:

Has this dog been treated for any other health problems:  Yes  No  
 If yes, please list and describe below:  
 Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 Age of onset: \_\_\_\_\_  
 Treatment, if any \_\_\_\_\_  
 \_\_\_\_\_  
 Outcome (please circle): death chronic condition full recovery  
 other (describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_