

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
_____	_____
_____	Graddam
_____	_____
Dam	Grandsire
_____	_____
_____	Graddam

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): _____

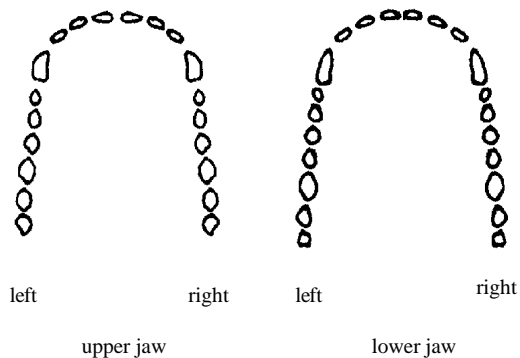
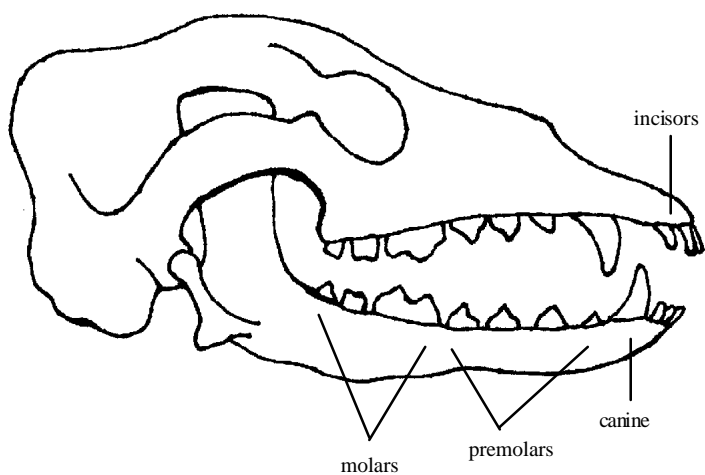
5. THYROID:

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): _____

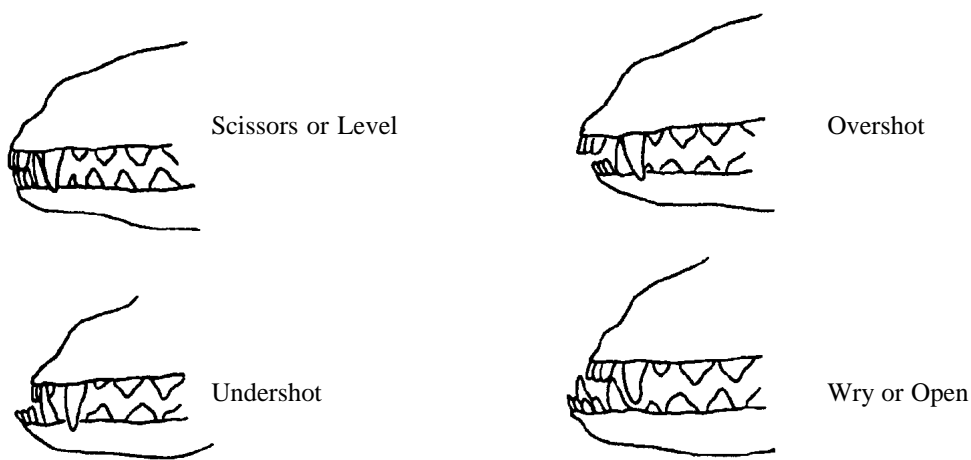
Diagnosis: _____ Normal _____ Hypothyroid _____ Hyperthyroid
 If dog is being treated, name of medication and dosage: _____
 Dog produced hypothyroidism when bred to the following dog(s): _____

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): _____

