

JOINT SEALYHAM TERRIER CLUBS HEALTH QUESTIONNAIRE

The information supplied will be held in the strictest confidence, please use one form per dog. This form can be photocopied if necessary. If possible a three generation pedigree will assist the co-ordinator. **If you answer YES to any question, it would be helpful if you could give a short description of the symptoms displayed, etc. and when the symptoms commenced.**

Registered Name of Dog: _____

Sire: _____ Dam: _____

Sex: Dog/Bitch _____ Entire/castrated/spayed?

Date of birth: _____

Breeder: _____ Owner: _____

Address: _____

Telephone number: _____ e-mail: _____

Please indicate below what diet you regularly feed - dry/complete, canned meat and biscuit, BARF (Bones and Raw Food), fresh meat (cooked or raw) or combination of these

Do you vaccinate annually Yes/No

Do you use flea and worm preparations on a regular basis Yes/No

Has your dog ever suffered an adverse reaction to flea/worm treatments or vaccination Yes/No

Has your dog ever been diagnosed with an ophthalmological (eye) condition Yes/No

Primary Lens Luxation ___ Cataract when older ___ Retinal Disease (PRA) ___ Retinal Displasia ___ Painful eyes ___ Overflow of tears ___ Red eyes ___ Dry Eyes ___ Glaucoma ___ Loss of vision ___

Has your dog been DNA tested for PLL – Yes/No If yes please state the result – clear/affected/carrier?

Has your dog been tested for TRD – Yes/No. If yes, please state result

Has your dog ever been diagnosed with Intervertebral Disc Disease – Yes/No

If yes then please state if the treatment was conservative/surgery/euthanased

At what age did the problem occur?

Has your dog ever been diagnosed with a liver condition Yes/No

Has your dog ever been diagnosed with a serious or persistent urinary tract condition Yes/ No

Incontinence ___ Difficulty urinating ___ Excessive urination/drinking ___ Change in urination/ drinking habits ___ blood in urine ___ crystals in urine ___ bladder stones _____

Has your dog ever been diagnosed with a heart condition Yes/No

Heart murmur ___ Abnormal heart rhythm ___ Other ___

Has your dog ever been diagnosed with a hormonal condition Yes/No

Cushing's Syndrome ___ Diabetes ___ Addison's ___ Other ___

or any of the following symptoms: Excessive thirst ___ Lethargy ___ Poor growth ___

Weight loss ___ Weight gain ___

Has your dog ever suffered from a condition affecting the nervous system Yes/No

Symptoms may include: Lack of co-ordination ___ Paralysis ___ Seizures ___

Behavioural changes ___

Has your dog ever suffered from any temperament problems Yes/No

Aggression towards human adults ____ Aggression towards human children_____
Aggression towards other dogs_____ Shyness_____ Nervousness_____
Destructive behaviour _____ Separation anxiety_____

Has your dog ever suffered from any allergies Yes/No

If your dog is female, please answer the following questions

At what age did she have her first season ____ months ____ years
Are her seasons regular Yes/No
Does she have phantom pregnancy symptoms Yes/No
Has your bitch ever been mated Yes/No
Did the mating result in puppies Yes/No
How many litters has she had ____
How many puppies in each litter ____
Did she require a caesarean section Yes/No
Did any puppies die in the first 3 weeks of life Yes/No

After whelping did she suffer from any conditions such as:

Mastitis Yes/No
Insufficient milk Yes/No
Poor mothering instinct Yes/No

If your dog is male

Does he have two descended testicles Yes/No
Is he Cryptorchid (no testicles) Yes/No
Is he Monorchid (one testicle) Yes/No
If he has been used at stud, did the mating produce puppies Yes/No
How many puppies in each litter ____
Did any puppies die in the first 3 weeks of life Yes/No

It would be very useful if you could provide any other information about your dog which may be relevant to this survey

PLEASE SEND COMPLETED FORMS TO:

Tamara Turner
18 Villa Road
Stanway
Colchester
Essex

CO3 0RH Please mark the envelope 'Health Survey'

Or alternatively you may e-mail to: stanwega@virginmedia.com

PLEASE DO NOT RETURN TO BREED CLUB SECRETARIES