



**Example:** Dogs 2, 3, & 8 have suffered from digestive system conditions with dog 8 having suffered from two conditions.

1. Have any of the dogs that you currently own ever suffered from a serious or persistent digestive system (including the mouth and teeth) condition? Symptoms might include regurgitation, vomiting, constipation, diarrhoea, weight loss, or a change in appetite.

No → If No, go to question 2.

Yes → If Yes, please complete the section below for each affected dog. See the Appendix list for some example digestive system conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>digestive</b> system condition
<input type="text" value="2"/>	<input type="text" value="2"/> years & <input type="text"/> months	PANCREATITIS
<input type="text" value="3"/>	<input type="text" value="3"/> years & <input type="text"/> months	CHRONIC VOMITING (not on list)
<input type="text" value="8"/>	<input type="text"/> years & <input type="text" value="6"/> months	RETAINED PUPPY TEETH
<input type="text" value="8"/>	<input type="text" value="8"/> years & <input type="text"/> months	CANCER - STOMACH CARCINOMA

1. Have any of the dogs that you currently own ever suffered from a serious or persistent **digestive** system (including the mouth and teeth) condition? Symptoms might include regurgitation, vomiting, constipation, diarrhoea, weight loss, or a change in appetite.

No → If No, go to question 2.

Yes → If Yes, please complete the section below for each affected dog. See the Appendix list for some example digestive system conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>digestive</b> system condition
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

2. Have any of the dogs that you currently own ever suffered from a serious or persistent **heart** condition? Symptoms might include a cough, collapse, heart murmur, abnormal heart rhythm, exercise intolerance or difficulty breathing.

No → If No, go to question 3.

Yes → If Yes, please complete the section below for each affected dog. See the Appendix list for some example heart conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>heart</b> system condition
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

### Section B: Breeding history of all dogs that you have owned and bred

This section is about all dogs of this breed that you have owned and bred in the past 10 years. Please fill each of the spaces with a **number** (eg  if none write  )

- 15. How many of your female dogs have ever had a litter?
- 16. How many litters have your female dogs had in total?
- 17. How many litters were delivered without surgery?
- 18. How many litters were delivered by Caesarian section?
- 19. How many puppies were born in total (dead and alive)?
- 20. How many puppies were born alive?
- 21. How many puppies were born alive but died in the first week of life?

### Section C: Birth defects and conditions affecting puppies in the first 8 weeks of life

This section is about any conditions that **puppies** have been born with in the past 10 years.

Please be as specific as possible in describing the condition, using the diagnosis made by your veterinary surgeon wherever possible. If you have difficulty remembering, please consider contacting your veterinary practice to ask.

22. Have any of your puppies ever suffered from a birth defect or other congenital condition?

No → If No, go to question 23 in SECTION D.

Yes → If Yes, please write down the details for each condition any puppies were born with. See the Appendix list for some examples of congenital conditions.

Name or description of condition puppies born with	No. of puppies ever affected
<input type="text"/>	<input type="text"/>

12. Have any of the dogs that you currently own ever suffered from a **hormonal (endocrine)** condition? Symptoms might include excessive thirst, lethargy, poor growth, weight loss or weight gain.

- No → If No, go to question 13.
- Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example endocrine conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>hormonal (endocrine)</b> condition
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

13. Have any of the dogs that you currently own ever suffered from any **other** serious or persistent condition not covered in the previous questions?

- No → If No, go to question 14.
- Yes → If Yes, please complete the section below for each affected dog.

Dog code no.	Age at time of diagnosis	Name/description of <b>other</b> condition
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

14. Have any of the dogs that you currently own ever suffered from **cancer** not covered in the previous questions?

- No → If No, go to question 15 in Section B.
- Yes → If Yes, please complete the section below for each affected dog. Please also indicate if the diagnosis was confirmed, for example with a biopsy or tissue sent to a pathology laboratory. Examples of types of cancer are adenoma, adenocarcinoma, carcinoma, lymphoma and sarcoma.

**Example:**

Dog code no.	Age at time of diagnosis	Location and type of <b>cancer</b>	Confirmed
<input type="text"/> 8	<input type="text"/> 8 years & <input type="text"/> months	LIPOMA (FATTY LUMP) UNDER SKIN	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>	<input type="checkbox"/>

3. Have any of the dogs that you currently own ever suffered from a serious or persistent **respiratory** condition? Symptoms might include noisy breathing, wheezing, difficulty breathing, coughing, nasal discharge or exercise intolerance.

- No → If No, go to question 4.
- Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example respiratory conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>respiratory</b> system conditions
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

4. Have any of the dogs that you currently own ever suffered from a serious or persistent **eye** condition? Symptoms might include red eyes, a painful eye, overflow of tears or a loss of vision.

- No → If No, go to question 5.
- Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example eye conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>eye</b> condition
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

5. Have any of the dogs that you currently own ever suffered from a serious or persistent **skin, coat or ear** condition? Symptoms might include hair loss, scratching or skin lesions such as pustules, crusts or scabs

- No → If No, go to question 6.
- Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example skin, coat and ear conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>skin, coat or ear</b> condition
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>
<input type="text"/>	<input type="text"/> years & <input type="text"/> months	<input type="text"/>

6. Have any of the dogs that you currently own ever suffered from a serious or persistent condition affecting the **bones, muscles or joints** (including the jaws)? Symptoms might include pain stiffness or lameness.

No → If No, go to question 7.

Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example musculo-skeletal conditions.

Dog code no.	Age at time of diagnosis	Name/description of condition affecting the <b>bones, muscles or joints</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>

7. Have any of the dogs that you currently own ever suffered from a serious or persistent **nervous system** condition? Symptoms might include incoordination, paralysis, seizures (fits) or behavioural changes.

No → If No, go to question 8.

Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example nervous system conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>nervous system</b> condition
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>

8. Have any of the dogs that you currently own ever suffered from a serious or persistent **reproductive** condition? Symptoms might include abnormal discharge, lack of fertility or nursing problems.

No → If No, go to question 9.

Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example reproductive conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>reproductive</b> condition
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>

9. Have any of the dogs that you currently own ever suffered from a serious or persistent **liver** condition? Symptoms might include weight loss, jaundice or ascites (fluid in abdomen).

No → If No, go to question 10.

Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example liver conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>liver</b> condition
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>

10. Have any of the dogs that you currently own ever suffered from a serious or persistent **urinary tract** condition? Symptoms might include incontinence, difficulty urinating, change in frequency of urination or drinking, or blood in urine.

No → If No, go to question 11.

Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example urinary tract conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>urinary tract</b> condition
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>

11. Have any of the dogs that you currently own ever suffered from a serious or persistent **blood** condition? Symptoms might include bruising, bleeding or collapse.

No → If No, go to question 12.

Yes → If Yes, please complete the section below for each affected dog.  
See the Appendix list for some example blood conditions.

Dog code no.	Age at time of diagnosis	Name/description of <b>blood</b> condition
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years & <input type="text"/> <input type="text"/> months	<input type="text"/>