



CHIC DNA Repository Health Survey

Owner Name _____ Dog Call Name _____

Has this dog ever been diagnosed with any of the following health issues?

For each section you answer with a yes, please fill out the rest of the section. If you answer no to any section, skip to the next section.

Cancer/Tumors Yes No

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Liver cancer
- Lymphatic cancer
- Lymphoma
- Mammary cancer
- Mast cell tumor
- Melanoma
- Muscle cancer
- Osteosarcoma
- Ovarian cancer
- Pancreatic cancer
- Pituitary tumors
- Sebaceous gland tumors
- Squamous cell tumor
- Testicular cancer
- Other _____

Gastrointestinal Disorders Yes No

- Bloat
- Colitis
- Inflammatory bowel disease
- Megaesophagus
- Other _____

Cardiac Disorders Yes No

- Arteriosclerosis
- Cardiomyopathy
- Congestive heart failure
- Degenerative valve disease
- Heart murmur
- Mitral valve defect
- Pulmonic stenosis
- Subaortic stenosis
- Tricuspid valve defect
- Other _____

Respiratory Disorders Yes No

- Collapsed trachea
- Elongated soft palate
- Stenosis nares
- Other _____

Eye Disorders Yes No

- Cherry eye
- Corneal dystrophy
- Corneal ulcer
- Distichiasis
- Dry eye
- Entropion/ectropion
- Glaucoma
- Juvenile cataracts
- Optic nerve hypoplasia
- Progressive retinal atrophy
- Retinal dysplasia
- Retinal folds
- Senile cataracts
- Other _____

Ear Disorders Yes No

- Chronic ear infection
- Deafness
- Other _____

Neurologic/Muscular Disorders

Yes No

- Ataxia
- Atlanto axial subluxation
- Caudea equina syndrome
- Epilepsy
- Fibrocartilagenous embolism
- Intervertebral disc disease
- Lumbo/sacral stenosis
- Narcolepsy
- Spinal demyelination
- Wobblers syndrome (CVI)
- Other _____

Skin Disorders Yes No

- Alopecia
- Autoimmune skin disease
- Demodectic mange
- Food/medicine allergies
- Persistent staph infection
- Seasonal allergies
- Sebaceous adenitis
- Seborrhea
- Other _____

Liver Disorders Yes No

- Hepatitis
- Portosystemic shunts
- Other _____

Orthopedic Disorders Yes No

- Arthritis
- Craniomandibular osteopathy
- Cruciate ligament rupture
- Elbow dysplasia
- Hip dysplasia
- Legg-Calve-Perthes
- Open fontanel
- Osteochondrosis dessicans
- Panosteitis
- Patellar luxation
- Spondylosis
- Vertebral anomalies
- Other _____

Blood/Lymph Disorders Yes No

- Anemia
- Autoimmune hemolytic anemia
- Hemophilia
- Idiopathic Thrombocytopenia
- Leukemia
- Phosphofruktokinase deficiency
- Platelet abnormality
- vonWillebrand's disease
- Other _____

Endocrinologic Disorders Yes No

- Addison's disease
- Cushing's disease
- Diabetes
- Hyperthyroid
- Hypothyroid
- Pancreatitis
- Pituitary disease
- Other _____

Kidney Disorders Yes No

- Bladder/kidney stones
- Chronic urinary tract infection
- Ectopic Ureters
- Familial kidney disease
- Fanconi syndrome
- Renal dysplasia
- Other _____

Reproductive Disorders Yes No

- Abnormal sperm
- Cryptorchid/monorchid
- Eclampsia
- Failure to conceive
- False pregnancy
- Genital infection
- Hermaphrodite
- Irregular heat cycle
- Litter resorption
- Mastitis
- Prostatitis
- Pyometria
- Sterility
- Testicular atrophy
- Other _____

Temperament Disorders Yes No

- Aggressive
- Fear of noise
- Fear of storms
- Rage syndrome
- Separation anxiety
- Timid
- Other _____

Dental Disorders Yes No

- Missing teeth
- Overbite
- Underbite
- Other _____

Has this dog produced puppies? (fill out for sires as well as dams) Yes No

If yes, approximately how many? _____

Return this form and a 3-5 generation pedigree to the Canine Health Information Center



Canine Health Information Center
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Phone (573) 442-0418; FAX (573) 875-5073

www.caninehealthinfo.org

