

## Schipperke Club of America Breed Health Survey 2003

### GENERAL INFORMATION

This health survey's purpose is to evaluate the health of the schipperke breed for three reasons: 1. To analyze the data for the schipperke owners' information; 2. To present to AKC for Canine Health Information Center (CHIC) participation; and 3. To determine what information needs to be included in an open health registry. Specific information from this survey will not be used on the health database. For that purpose, separate forms will be used.

All schipperke owners/breeders are being asked to participate. Owners or breeders may submit information. If information is submitted on puppies that have died before being registered, state that fact.

The survey is divided into the two sections: Some Info About You and the Breed and Health Questions About Your Dog(s). If you identify yourself, you only need to fill out the section about "you" once even if you submit dogs at different times. If you do not identify yourself please include this each time you send in dog surveys. Please do the dogs you have or have had in the past 5 years first and send them in as promptly as possible.

No identification of individual dogs will be made public. Only summaries of the data will be. If you supply the dog's name and registration number it will only be used to be sure the same dog is not entered twice. If you choose not to identify your dogs, please give the last five digits of the dog's registration number so duplicates can be eliminated. Also please coordinate your efforts with co-owners and breeders in order to reduce the number of duplicate submissions.

If you have a dog with a problem and can't decide what category from the disease code sheet to use, write the information you know under comments. Include the symptoms, tests run with results, and diagnosis if known.

This survey is being made available to pet people as well as show/breeder people. The information will be very skewed if breeders do not contribute. Information on all schipperkes is important in assessing schipperke health and in determining the future of this breed.

**Please copy the "Health Questions About Your Dog(s)" as needed. Please fill out one of the forms labeled Health Questions About Your Dog(s) for each of the dogs - including healthy ones -that you own or have owned.**

Please return one personal information form, plus one form for each dog you have owned, to: Shirley Quillen, 250 Main St . E., Ashville, OH 43103. You may cut and paste these forms into or attach them to an email, and email them to her at SchipperkeHS@aol.com or fax them to 419-522-5744.

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**OWNER/BREEDER INFORMATION**

*This survey can be anonymous but we do want to have your opinions and know something about your involvement with this breed. Items marked with an \* are required. Others are voluntary.*

Your Name(optional): \_\_\_\_\_ Your Kennel Name(optional): \_\_\_\_\_

\* In which US State, or other country, do you live? \_\_\_\_\_ Your address(optional): \_\_\_\_\_

\*How long have you had Schipperkes? \_\_\_\_\_

\*Primary Interests / Reasons for having a schipperke (please check all that apply)  
Breeder \_\_\_ Companion \_\_\_ Exhibitor \_\_\_ Obedience \_\_\_ Agility \_\_\_ Other(name) \_\_\_\_\_

\*How many schipperkes do you currently have living with you, if any? \_\_\_\_\_

\*How many schipperkes have you owned in the past, if any? \_\_\_\_\_

\*In your experience, what is the average lifespan of the breed in years? \_\_\_\_\_

What do you include in your routine vaccination program: \_\_\_\_\_

How often do you vaccinate puppies? \_\_\_\_\_ Adults? \_\_\_\_\_

Do you have your dogs on heartworm preventative? Yes / No

Do you use herbal / holistic preparations for health? Yes / No For Supplements: Yes / No

Do you feed commercially prepared dog food? Yes / No Raw? Yes / No Combination? Yes / No

\*Please list 3(or more) diseases, in order of importance, that you consider to be the most detrimental to the breed (please use the codes wherever they apply):

\_\_\_\_\_

\*Please list 3 (or more) diseases, in order of importance, that you think are most prevalent in the breed (please use the codes wherever they apply):

\_\_\_\_\_

\*Please list 3 (or more) diseases, in order of importance, for which you feel all dogs should be tested (please use the codes wherever they apply):

\_\_\_\_\_

\*Will you participate if the SCA has an open health registry/database? Yes / No

\*Will you be willing to post abnormal health conditions/test results as well as normal ones? Yes / No

Additional Comments:

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**HEALTH QUESTIONS ABOUT YOUR DOG(S)**

Dog's Registered Name (optional): \_\_\_\_\_

\*Last 5 digits of dog's reg. no.: \_\_\_\_\_ Dog's Registration Number (optional): \_\_\_\_\_

\*Sex: \_\_\_\_ \* Date (if)neutered: \_\_\_\_\_ \*Month & yr. of birth: \_\_\_\_\_ \*Color \_\_\_\_\_

\*Dog's month & year of death if applicable: \_\_\_\_\_ \*Cause of Death \_\_\_\_\_

\*Was cause of death Owner or Veterinary Diagnosed? \_\_\_\_\_ \*

*NO DISEASE	Check here:	
<u>*Disease Codes</u>	<u>*Age at Onset</u>	<u>*How/Who Diagnosed? (Self, Veterinarian, Someone else such as breeder or other knowledgeable person. Treatment?</u>

\*Has this dog been MPS111B tested? Yes / No Results: Normal Carrier Affected  
Is this dog "Clear by Pedigree"? Yes / No

\*Has this dog ever been CERFed? Yes / No OFAed? Thyroid \_\_, Hips \_\_, Patellas \_\_,  
Other(name) \_\_\_\_\_ (include non registered tests here, as other thyroid)

\* Is this dog from a pet store? Yes / No Rescue? Yes / No Pedigree unknown? Yes / No  
From show stock (at least half of dogs in last 3 generations are champions)? Yes / No

\*Has this dog ever had any infectious disease including tick borne diseases? Yes / No  
If yes, describe under comments.

\*Has this dog ever been injured? Yes / No If yes, describe under comments.

\*Has this dog ever gone to a veterinarian for any reason not covered in this survey? Yes / No  
If yes, describe under comments.

Breeding: How many (if any) litters has this dog produced? \_\_\_\_\_ How many (if any) puppies  
has this dog produced? \_\_\_\_\_ How many of those puppies survived to age 8 weeks? \_\_\_\_\_

Comments / Remarks (Include any condition you can not match to a code. Include the symptoms, tests  
run with results, and diagnosis if known)

## Code Sheet

### Cancer

- 100. Other (name if possible)
- 101. Hemiangiosarcoma
- 102. Lymphosarcoma
- 103. Mast Cell Tumors
- 104. Melanoma
- 105. Osteosarcoma
- 106. Squamous Cell Tumors

### Heart

- 200. Other (Name if possible)
- 201. Cardiomyopathy
- 202. Heart Murmur**
- 203. -Patent Ductus Arterious
- 204. -Tetralogy of Fallot
- 205. -Unidentified
- 206. -Ventricular Septal Defects
- 207. Pulmonary Stenosis
- 208. Subaortic Stenosis
- 209. Valve Dysfunction

### Skin

- 300. Other (name if possible)
- 301. Allergies (describe)
- 302. Autoimmune - name type if can
- 303. Demodex ("Mange")
- 304. Pigment Abnormalities
- 305. Sebaceous Cyst
- 306. Seborrhea
- 307. Thyroiditis
- 308. Red hair / coat
- 309. Alopecia X
- 310. External parasites – name if can

### Oral Cavity

- 311.** missing teeth
- 312. Epulis
- 313. Excessive tartar
- 314. Melanoma
- 315. Tooth loss
- 316. Retained puppy canines
- 317. Gingivitis

### Ear Problems

- 318. deafness
- 319. ear infection
- 320. aural hematoma

### Endocrine (Hormone) Other

- 400. Diabetes Mellitus
- 401. Pancreatic Insufficiency
- 402. Hypothyroid
- 403. Storage Diseases

### Sensitivity (state what type of reaction and specify to what)

- 404. vaccine
- 405. drug
- 406. insect control product
- 407. Other

### Gastroenterology

- 500. Other (Name if possible)
- 501. Bloat
- 502. Esophageal Disorders
- 503. Irritable Bowel Syndrome
- 504. Large Bowel Disease
- 505. Small Bowel Disease
- 506. Portal systemic shunt or name other shunt

### Blood

- 600. Other (Name if possible)
- 601. Hemophilia A
- 602. Hemophilia B
- 603. Inherited Hemolytic Anemias
- 604. Non-regenerative Anemia
- 605. Platelet Abnormalities
- 606. von Willebrand's Disease

### Kidney/Liver/Urinary

- 700. Other
- 701. Bladder Disease (cystitis)
- 702. Kidney Disease - Hereditary Nephritis
- 703. Kidney Disease - PCKD
- 704. Hepatic (Liver) Disease
- 705. Urinary Tract Disorder

### Neurology

- 800. Central Nervous System
- 801. Head Tilt
- 802. Nerve Degeneration
- 803. Paralysis
- 804. Tremors
- 805. Wobbler's Syndrome
- 806. Seizures – state whether more or less than monthly, petite or grand mal, and if controlled by treatment or not.
- 807. Brain Tumor

### Ophthalmology (Eyes)

- 900. Other (Name if possible)
- 901. Cataracts
- 902. Progressive Retinal Atrophy
- 903. Retinal Disease
- 904. Retinal Dysplasia
- 905. Primary Lens Luxation /Subluxation
- 906. Glaucoma
- 907. Secondary Lens Luxation/Subluxation
- 908. Narrow Drainage Angles
- 909. Microphthalmia
- 910. Distichiasis

### Orthopedic (Bones)

- 1000. Other (Name if possible)
- 1001. Arthritis
- 1002. Elbow Dysplasia
- 1003. Hip Dysplasia
- 1004. Hypertrophic Osteodystrophy
- 1005. Legges-Perthes
- 1006. Osteochondritis Dessicans (OCD)
- 1007. Panosteitis
- 1008. Patellar Luxation

### Reproduction (MALE)

- 1200. Other (Name if possible)
- 1201. Abnormal Semen
- 1202. Congenital Defects
- 1203. Cryptorchidism
- 1204. Lack of Libido
- 1205. Lack of Semen
- 1206. Monorchidism
- 1207. Testicular Atrophy

### Reproductive (FEMALE)

- 1100. Other (Name if possible)
- 1101. Abnormal Puppies**
  - 1102. -- *Cleft Palates*
  - 1103. -- *Hydrocephalus*
  - 1104. -- *Incomplete Abdominal Closure*
  - 1105. -- *Failure To Walk (Swimmers)*
  - 1106. -- *Abnormal Bite*
  - 1107. -- *Umbilical hernia*
  - 1108. -- *Inguinal hernia*
  - 1109. -- *Other, Specify*
- 1110. Cesarean Section
- 1111. Chronic False Pregnancies
- 1112. Difficulty in Whelping
- 1113. Failure to Carry to Term
- 1114. Failure to Conceive
- 1115. Insufficient Milk
- 1116. Irregular Heat Cycles
- 1117. Mastitis
- 1118. Poor Mothering Instinct
- 1119. Primary Uterine Inertia
- 1120. Pyometra
- 1121. Small Litters

### Behavior & Temperament

- 1300. Other
- 1301. Aggression
- 1302. Shyness
- 1303. Obsessive-Compulsive
- 1304. Rage Syndrome

### Other

- 1400. Hernia – umbilical
- 1401. Hernia – Inguinal
- 1402. Cushing's
- 1403. Addison's
- 1404. Anal Sac Problems
- 1405. Phantom Tail

