



Catalan Sheepdog Club of Great Britain – Breed Health Survey Form 2016

The Catalan Sheepdog Club of Great Britain would be grateful if you could take the time to complete the questionnaire below. It will take between 5 and 10 minutes to complete. The aim of the survey is to enable the club to collect data to monitor and improve the health of Catalan Sheepdogs within the UK. Your help is greatly appreciated. All information sent to the Breed Health Co-ordinator will be treated in the strictest confidence and is for the sole use of the Catalan Sheepdog Club of GB, however statistics may be presented to the Kennel Club.

You may, if you wish, complete the form anonymously. Please answer all questions marked with an *.

Please complete one questionnaire for each Catalan Sheepdog you own.

Name:	<input type="text"/>	Pet Name of Catalan Sheepdog: *	<input type="text"/>
First line of your address:	<input type="text"/>	KC Name of Catalan Sheepdog: *	<input type="text"/>
Postcode:	<input type="text"/>	Sire: *	<input type="text"/>
Email:	<input type="text"/>	Dam: *	<input type="text"/>
Tel:	<input type="text"/>	Dog or Bitch?: *	<input type="checkbox"/> Dog <input type="checkbox"/> Bitch
Breeder:	<input type="text"/>	Date of Birth: *	<input type="text"/> Age of dog now: * <input type="text"/>
Colour: *	<input type="checkbox"/> Fawn <input type="checkbox"/> Grey <input type="checkbox"/> Black & Tan <input type="checkbox"/> Sable <input type="checkbox"/> Other - Please specify	<input type="text"/>	

Does your dog have double dew claws on the hind feet? * Yes No

Please list the name & type of vaccinations your Catalan has been given. *

Age vaccinations were given to your Catalan: *

Were there any noticeable reactions to the vaccinations? If yes please give details: *

Has your Catalan been bred from?: * Yes No

If yes please fill in the supplemental page at the end of the questionnaire.

Has your Catalan been neutered? : * Yes No

Health Checks

Has your Catalan has it's eyes tested under the BVA/KC scheme?: * Yes No Result if yes:

Have you had your Catalan's hips scored under the BVA/KC scheme?: * Yes No Result Left Right

Please continue overleaf

Does your dog suffer from any of the following Conditions? *	'X' if Yes	Age (at onset of condition)	Other Details (if the condition re-occurs, type e.g. cancer, cataracts, euthanised due to condition, age at death etc.)
Aural (ears) – Deafness			
– Otitis			
– Ear Mites			
– Other			
Cancers/Tumors – Bone			
– Lung			
– Mammary			
– Ovarian			
– Skin			
– Stomach			
– Other			
Cardiac (heart) - Heart Murmur			
- Mitral Valve Disease			
- Other			
Cerebral Vascular - Stroke			
Dental - Dental Disease			
- Retained puppy teeth			
Dermatological (skin) – Alopecia			
– Dermatitis			
– Flea Allergy			
– Other			
Endocrine (hormone system)			
– Addison's			
– Cushing's			
– Diabetes			
– Other			
Gastrointestinal – Colitis			
– Gastric Torsion (bloat)			
– Irritable Bowel Disease			
– Other			
Hepatic (liver) – Hepatitis			
– Pancreatitis			
– Other			
Immune System – Atopy			
– Auto-immune Disease			
Musculo-skeletal (bones, muscles, joints)			
– Arthritis			
– Elbow Dysplasia			
– Hip Dysplasia			
– Patella Luxation			
– Undershot/Overshot Jaw			
Neurological – Epilepsy			
– Other			
Ocular (eyes) – Blocked Tear Ducts			
– Cataracts (specify type)			
– Glaucoma			
– PRA			
Reproductive (female) – Difficulty Whelping			
– False Pregnancy			
– Failure to Conceive			
– Pyometra			
Reproductive (male) – Infertility			
– Undescended Testicles (Cryptorchidism)			
Respiratory – Bronchitis			
– Kennel Cough			
– Pneumonia			
Urological – Cystitis			
– Other			

Please continue overleaf

Please use the box below to give additional details of any condition listed above e.g. Any medication or to give details any other conditions not covered in the Health Survey.

This section is on any dogs you have owned that have sadly passed away.

How old was your Catalan when he/she died?

Was your dog euthanised? YES / NO (please delete as applicable)

Please give the reason your dog died/
was euthanised.

Date Survey Completed (DD/MM/YYYY) *

If you require additional forms they can be obtained from Debbie Hansford.

Please return the completed form to:

Debbie Hansford, 23 Stibbs Way, Bransgore, Christchurch, Dorset BH23 8HG
Tel: 01425 674718

Alternatively, email the completed survey to debbie.hansford@btinternet.com.

Supplemental Page – Please complete this page if you have bred from your Catalan and return it with the previous 3 pages. Thank you.

DOGS ONLY

If your Catalan has sired puppies, how many litters?	
How many puppies has your dog sired?	

BITCHES ONLY

<u>Litter 1</u>	No. of Live Puppies	No. of stillborn puppies	Total no. of puppies.
Please complete the following:			
Bitches only - Was it a natural whelping? (delete as applicable)	YES / NO		
If there were any complications during whelping, please give details.			

<u>Litter 2</u>	No. of Live Puppies	No. of stillborn puppies	Total no. of puppies.
Please complete the following:			
Bitches only - Was it a natural whelping? (delete as applicable)	YES / NO		
If there were any complications during whelping, please give details.			

<u>Litter 3</u>	No. of Live Puppies	No. of stillborn puppies	Total no. of puppies.
Please complete the following:			
Bitches only - Was it a natural whelping? (delete as applicable)	YES / NO		
If there were any complications during whelping, please give details.			

<u>Litter 4</u>	No. of Live Puppies	No. of stillborn puppies	Total no. of puppies.
Please complete the following:			
Bitches only - Was it a natural whelping? (delete as applicable)	YES / NO		
If there were any complications during whelping, please give details.			