

# ASHGI Australian Shepherd Cancer Survey

Much thanks for your participation from ASHGI and Aussies everywhere!

CONFIDENTIALITY STATEMENT: Information submitted to this survey is confidential. ASHGI will not issue reports containing specific information about any individual dog. Your survey responses will not contain any identifying information about you unless you offered that information by responding to a specific question that asked for this. Even in this case, your personal information will never be misused or given to third parties that will misuse such information.

## Section 1: INFORMATION ABOUT YOUR DOG

This group of questions deals with the primary identification of your dog.

1.1 What is the dog's call name? i.e. What is the everyday single word name of your dog?

1.1.1 What is the dog's date of birth? (If the exact date is unknown, please enter an approximate date. Example: You know your dog is about five so enter January 1, 2001 as its birth date.

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1.2 **Optional** What is the registration information for the dog: if the dog has multiple registered names, please indicate the registry. NO TITLES PLEASE!

Registered Name	Registration Number	Registry
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.3 What are the dog's occupations? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Pet
<input type="checkbox"/> Show dog
<input type="checkbox"/> Performance Events
<input type="checkbox"/> Stockdog
<input type="checkbox"/> Search and Rescue
<input type="checkbox"/> Other _____

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1.4 What was the dog's gender at the time of diagnosis?

Please choose **only one** of the following:

- € Female – intact
- € Female – spayed
- € Male – intact
- € Male - neutered

1.5 If the dog is spayed or neutered, when was this done? (APPROXIMATE ANSWER IS OK)

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1.6 What is the primary color of the dog's coat? (main color only, trim question is next)

Please choose only **one** of the following:

- € Black
- € Red
- € Red Merle
- € Blue Merle
- € Other \_\_\_\_\_

1.7 What color trim does your dog's coat have?

Please choose only **one** of the following:

- € White only
- € Tan (copper) only
- € White and tan (copper)
- € None

## Section 2: ABOUT THE SIRE AND DAM OF YOUR DOG

This section is **optional** BUT is important to provide some linkage to the genetic past of your dog. Information about the sire and dam, though optional, is vital for determining inheritance. We strongly urge you to complete this section if you know who your dog's parents are.

2.1 What is the registration information for the sire? If the sire has multiple registered names, please indicate the registry after the name. NO TITLES PLEASE!

Registered Name	Registration Number	Registry
_____	_____	_____
_____	_____	_____

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2.1.1 Is the sire deceased? € Yes € No € Don't Know

2.1.2 IF the sire is decease what was the date the sire died? (ESTIMATE IS OK)

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2.1.3 If sire is deceased, what was the cause of death, if known?


2.2 What is the registration information for the dam: if the dam has multiple registered names, please indicate the registry after the name. NO TITLES PLEASE!

Registered Name	Registration Number	Registry

2.2.1 Is the dam deceased? € Yes € No € Don't Know

2.2.2 IF the dam is decease what was the date the dam died? (ESTIMATE IS OK)

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2.2.3 If dam is deceased, what was the cause of death, if known?


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## Section 3: CASE HISTORY

This is the section regarding the occurrence of cancer in your dog.

### 3.1 Type of Cancer?

Please choose **all** that apply

- Lymphoma
- Lymphosarcoma
- Hemangiosarcoma
- Mammary
- Soft tissue carcinoma
- Mast cell
- Melanoma
- Leukemia
- Osteosarcoma
- Squamous cell carcinoma
- Basal cell carcinoma
- Other \_\_\_\_\_

### 3.2 When was the cancer discovered? (relative or estimated dates are ok)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 3.3 What organs or body parts were affected by the primary tumor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3.4 Did the cancer metastasize? (Metastasize means did the cancer spread from the original location to other organs.)

Yes       No       Don't Know

#### 3.4.1 If yes, what other organs or body parts were affected?

\_\_\_\_\_  
\_\_\_\_\_

### 3.5 Is the dog still living?      Yes      No

#### 3.5.1 If the dog is deceased was cancer the cause of death? If the dog was euthanized because of cancer, please mark "Yes".      Yes      No

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3.6 What treatments were provided to the dog for the cancer?

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3.7 Did the cancer go into remission (did the cancer go away or was the cancer treatment successful?)      € Yes      € No

3.7.1 If the cancer went into remission what was the outcome of the remission? (Did the cancer or another type of cancer come back, did the dog remain cancer free, etc. Any information would be helpful.)

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3.8 Did the dog have any other health conditions?      € Yes      € No

3.8.1 If the dog had other health conditions, what were they?

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3.9 Was the dog taking any medications to treat other health conditions?      € Yes      € No

3.9.1 If the dog was taking other medications, what were these medications?

3.10 **Optional** What is the contact information of the diagnosing and treating veterinarians (this can be important so please provide if you can)

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3.11 Would you be willing to provide documentation of treatment/illness history upon request?  
€ Yes      € No

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## Section 4: ENVIRONMENTAL DATA

This section will ask important questions regarding the dog's surroundings.

Where was the dog living at time of diagnosis? City and state or province, include country if other than US.

  

4.1 Was the dog born at this location:     Yes             No

4.1.1 If not, where was the dog born (city, state, or province, include country if other than US)

  

4.2 What was the nature of the region?

4.2.1 How long had the dog lived at this location at time of diagnosis (number of months)

4.2.2 If the dog is still living, is it living at the same location?     Yes             No

4.2.3 If not, where does the dog live now (city, state, or province, include country if other than US).

4.3 What was the primary source of the dog's water supply at the time the cancer was diagnosed?

City water  
 Well water  
 Surface water  
 Bottled water  
 Other \_\_\_\_\_

4.4 What was the diet at the time of diagnosis?

Commercial dry dog food  
 Commercial canned dog food  
 Raw diet  
 Other \_\_\_\_\_

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4.4.1 How long had the dog been on this diet?

4.4.2 Were other diets provided to the dog prior to the cancer?  Yes  No

4.4.3 If other diets were provided what types of diets?

4.4.4 Were any flea, tick or heartworm medications used on the dog?  Yes  No

4.4.5 If flea and tick medications were used, what was the primary type and brand name?  
Example: Flea dip/Acme Pet Products.

4.4.6 How frequently were each of these products used on the dogs

4.5 Were flea and tick preparations used in the kennel, yard or other dog living areas?

Yes  No

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4.5.1 If flea and tick preparations were used in the dog's living areas, what types and brands were used? Example: aerosol bomb/Kill-All

4.6 What were the types of housing the dog lived in?

Please choose **all** that apply

- Kennel Outdoors
- Kennel Indoors
- Indoor/outdoor kennel
- Inside home
- Open yard
- Enclosed yard
- Other \_\_\_\_\_

4.7 Did the dog's occupation or site of residence expose the dog to the following?

Please choose **all** that apply

- Chemical plants
- High-tension power lines
- Storage facilities
- Agricultural runoff
- Agricultural or urban chemical spraying programs
- Freeway or major airport within one mile
- None
- Other \_\_\_\_\_

4.8 Do you have any other ideas of what might have caused the cancer? Everything helps!

### Section 5: ABOUT THE OWNERS

This section will ask a few questions about you, the owner. This is **optional** but the information is important for our survey if you are willing to give it. We thank you for your times and patience filling this out again if you have multiple dogs.

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5.1 Do you have any additional information or comments? Everything helps!

5.2 May we contact you for more information about your dogs?     Yes                       No

5.3 What is your email address?  
PLEASE PRINT!

5.4 What is your name, mailing address and phone number? PLEASE PRINT!

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
          \_\_\_\_\_  
          \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Thank you for your participation!**

**Please mail your completed survey to:  
ASHGI  
730 E. Weldon Ave.  
Fresno, CA 93704-6135**

**Please submit them by 31 December 2006.  
Again, we thank you.**