

Australian Shepherd Health & Genetics Institute, Inc.  
**The Australian Shepherd Comprehensive Breed Health Survey**  
*Advancing the quality of life for all Australian Shepherds*

CONFIDENTIALITY STATEMENT: Information submitted to this survey is confidential. ASHGI will not issue reports containing specific information about any individual dog; published survey reports will be statistical in nature. We do reserve the right to share specific survey data with legitimate researchers focusing on specific health issues in our breed.

May we....

- Contact you if we have further questions?
- Include your dog's information in the confidential International Directory for Australian Shepherd Health (IDASH) Pedigree Analysis Database? (Your dog will not be named. Information will be used to calculate pedigree risk scores only.)

Please complete one survey for each Australian Shepherd you own who lives or lived primarily with you and who was **born** during the period beginning **January 1, 1990** and ending **December 31, 2005**. Co-owners should decide who has the best knowledge of the health and breeding history of the Aussie they own together, and that one owner should enter the information for the dog.

NOTE: All dates should be entered MM/DD/YY or MM/DD/YYYY. If you know only an approximate date you may enter as follows --/--/1998 or 10/--/03.

Owner Name \_\_\_\_\_

Owner Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Owner e-mail: \_\_\_\_\_

Note: The word "dog" as used in this survey refers to either sex. Where specific gender is referenced, "male" and "female" have been used.

**I: General Information**

*The following section is a general overview of you and your dog.*

A. Owner Information

1. How many years have you owned Aussies?
  - Less than 1 year
  - 1-5 yrs
  - 6-10 yrs
  - 11-20 yrs
  - more than 20 yrs

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2. How many Aussies currently live with you?
- None at this Time
  - 1-5
  - 6-10
  - 11-20
  - more than 20
3. How many other dogs currently live with you?
- None at this Time
  - 1-5
  - 6-10
  - 11-20
  - more than 20
4. Activities – What areas of breed activity do you currently participate with your dogs?  
(Check all that apply)

Activity	Currently active	Active in the past
Breeder	<input type="radio"/>	<input type="radio"/>
Conformation	<input type="radio"/>	<input type="radio"/>
Stock/Herding Trials	<input type="radio"/>	<input type="radio"/>
Obedience or Rally	<input type="radio"/>	<input type="radio"/>
Agility	<input type="radio"/>	<input type="radio"/>
Tracking	<input type="radio"/>	<input type="radio"/>
Commercial farm/ranch work	<input type="radio"/>	<input type="radio"/>
Assistance/Therapy	<input type="radio"/>	<input type="radio"/>
Search and Rescue	<input type="radio"/>	<input type="radio"/>
Companion/Pet	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you marked "Other" please name the activity(ies) and indicate whether or not you are currently active.

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5. Have you ever bred Aussies?  Yes  No  
If no, proceed to Section B – Individual Aussie Information.  
If yes, please answer the following:
- a. Approximately how many litters have you bred?
- less than 5
  - 5 to 10
  - 11 to 20
  - more than 20
- b. How many litters did you breed between January 1990 and December 2005?
- less than 5
  - 5 to 10
  - 11 to 20
  - more than 20
- c. How many litters, on average, did you breed per year?
- less than 1
  - 1 or 2
  - 3 or 4
  - 5 or more

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**B. Individual Aussie Information**

1. Aussie's Name & Registry Info

a. Call Name \_\_\_\_\_

b. Registered name \_\_\_\_\_

*Please omit titles.*

\_\_\_\_\_  None

If the dog has a registered name that is substantially different from the above, please give that name, followed by the applicable registry.

c. Registration Numbers \_\_\_\_\_

\_\_\_\_\_ American Kennel Club

\_\_\_\_\_ Australian Shepherd Club of America

\_\_\_\_\_ Other Registry: \_\_\_\_\_

Unregistered, but out of registered parents

Unregistered, parents unknown or unregistered

d. Chip Number: \_\_\_\_\_  None

e. Tattoo: \_\_\_\_\_  None

2. Aussie's Country of Birth: \_\_\_\_\_

3. Aussie now lives in what country? \_\_\_\_\_

3. Sex:  Male  Female

4. Altered?  Yes  No  
If yes, date: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Dog's Height: \_\_\_\_\_ inches OR \_\_\_\_\_ centimeters

Dog's Weight: \_\_\_\_\_ pounds OR \_\_\_\_\_ kilograms

7. Tail length

a. Tail length at birth (check one)

full

3/4

1/2

1/4

Very short

Absent

Don't know

b. Is/was the tail kinked?  Yes  No  Don't know

c. Was the tail docked?  Yes  No

*If yes proceed to question 8 – Where did you obtain this Aussie?*

*If no, please respond to the questions below, checking the best descriptions:*

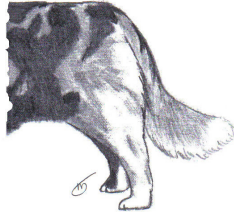
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d. Shape (check one):

Shape - Straight



Shape - Slightly curved



Shape - Strongly curved



Shape - Curled



Straight

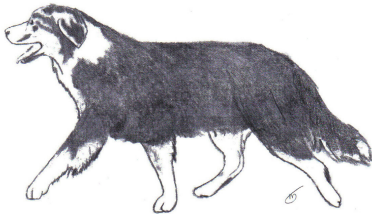
Slightly curved

Strongly curved

Curled

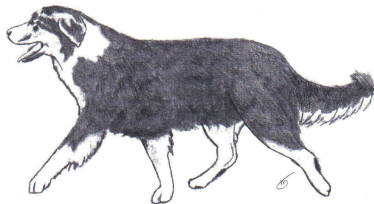
e. Typical carriage when relaxed (check one)

Carrige - Low



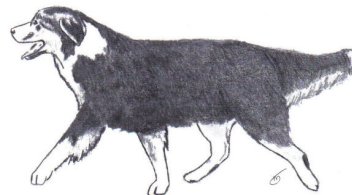
Low

Carrige - Slightly below topline



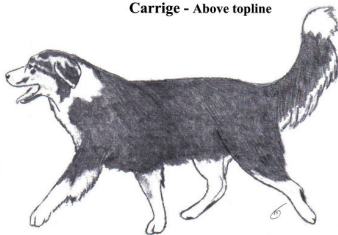
Slightly below topline

Carrige - Level with topline



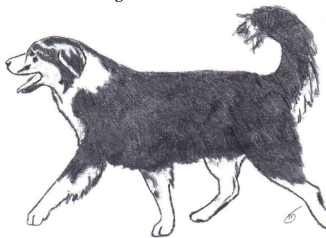
Level with topline

Carrige - Above topline



Above topline

Carrige - Over the back

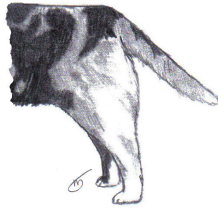


Over the back

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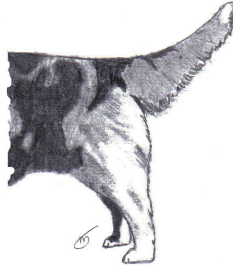
e. Feathering (check one):

Feathering - None



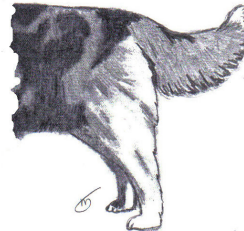
None

Feathering  
More profuse at base and  
shorting toward tip



More profuse at base  
and shortening toward tip

Feathering  
More profuse at base and  
shorting toward tip



equally profuse from  
base to tip

8. Where did you obtain this Aussie?

- Bred it myself
- Breeder
- Shelter or Rescue
- Pet store
- Given to me by a friend/family member
- Newspaper ad
- Other \_\_\_\_\_

9. How old was the Aussie when it came to live with you?

- under 8 weeks
- 8 wks to 6 months
- 6 to 12 months
- 1 to 4 years
- 4 to 7 years
- more than 7 yrs
- Don't know

10. Rate your dog's General Health:

- Excellent
- Good
- Fair
- Poor

If fair or poor, at what age did health begin to decline?

- Birth to 3 months
- 3 to 6 months
- 6 to 12 months
- 1 to 3 years
- 3 to 6 years
- 6 to 8 years
- 8 to 10 years
- 10 to 14 years
- Over 14 years

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**II. Environmental Background**

*The following sections are about your dog's lifestyle.*

**A. Diet**

1. This dog's primary diet. *Check all that apply.*

- Commercial Dry: Brands: \_\_\_\_\_
- Commercial Canned: Brands: \_\_\_\_\_
- Commercial Raw: Brands: \_\_\_\_\_
- Home prepared Raw
- Home prepared Natural
- Table Food (scraps)
- Treats: \_\_\_\_\_
- Other: \_\_\_\_\_

2. Supplements

a. Do you give this dog supplements regularly?  Yes  No

*If no, proceed to Section B – Housing.*

b. If yes, check all that apply.

- Vitamins/Minerals \_\_\_\_\_
- Herbals \_\_\_\_\_
- Joint Supplements \_\_\_\_\_
- Nutraceuticals \_\_\_\_\_
- Pre/probiotics \_\_\_\_\_
- Other \_\_\_\_\_

**B. Housing**

1. Where does/did this Aussie primarily live? *(More than 50% of a typical day)*

- House dog
- Kennel dog
- Outside dog
- Other : \_\_\_\_\_

2. What was household's dog population for most of this dog's life?

- Only dog
- Multi-dog, up to 4
- Multi-dog, 5 or more

**C. Training**

1. Aussie attended puppy (up to 1 year) training class?  Yes  No

2. Aussie has training in performance areas?  Yes  No

*If no, proceed to section 3 – conformation*

*If yes, mark all that apply:*

- Agility
- Assistance/Therapy
- Obedience/Rally
- Commercial farm/ranch work
- Search and Rescue
- Stockdog/Herding Trials
- Tracking
- Other : \_\_\_\_\_

3. Aussie is trained for the conformation ring?  Yes  No

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D. Health Maintenance

1. Vaccinations

- a. Was this dog vaccinated as a puppy?  Yes  No  Don't Know  
*If no or don't know, proceed to question b - Adult vaccinations.*  
If yes, Describe the puppy vaccination schedule:  
\_\_\_\_\_
- b. Was this dog vaccinated as an adult?  Yes  No  Don't Know  
If no or don't know proceed to Section 2 – Holistic Medicine.
- c. Have you changed your vaccination protocols/schedule for this Aussie since you've owned it?  
 Yes, I vaccinate MORE often now.  
 Yes, I vaccinate LESS often now.  
 Yes, I vaccinate for fewer diseases now.  
 Yes, I have varied the schedule several times (more and/or less frequent) during this dog's life.  
 No, I still use the same schedule  
 I no longer vaccinate this dog  
 I follow my veterinarian's advice for when and what to vaccinate.
- d. Do you stop vaccinating at a certain age?  Yes  No  
If yes, at what age? \_\_\_\_\_
- a. Please indicate which of the listed vaccinations this Aussie received in its life and, on average, how often it has received them as an adult.
- Rabies -Choose one:
    - Every Year
    - Two Years
    - Three YearsBased on law?  Yes  No
  - Bordetella (Kennel Cough) – Choose one:
    - Every six months
    - Yearly
    - Three years
    - More than three years
  - Distemper – Choose one:
    - Every six months
    - Yearly
    - Three years
    - More than three years
  - Parvovirus – Choose one:
    - Every six months
    - Yearly
    - Three years
    - More than three years.
  - Leptospirosis – Choose one:
    - Every six months
    - Yearly
    - Three years
    - More than three years
  - Hepatitis – Choose one:
    - Every six months
    - Yearly
    - Three years
    - More than three years

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- Coronavirus – Choose one:
  - Every six months
  - Yearly
  - Three years
  - More than three years
- Lyme's Disease – Choose one:
  - Every six months
  - Yearly
  - Three years
  - More than three years
- Parainfluenza – Choose one:
  - Every six months
  - Yearly
  - Three years
  - More than three years
- Others (type and frequency): \_\_\_\_\_

f. Have you changed your vaccine protocol for this dog in the past year?  
 Yes  No  Not applicable, dog deceased  
If yes, describe change: \_\_\_\_\_

g. Do you use Titers? (*Antibody measurements via Blood Testing*)  Yes  No  
If yes, how often?  
 Every year  
 Every two years  
 Every 3-5 years  
 Once in a lifetime

h. Do you use Nosodes (*Homeopathic Vaccinations*)?  Yes  No  
If yes, please describe: \_\_\_\_\_

i. Has this Aussie had one or more vaccine reactions diagnosed as such by a veterinarian?  
 Yes  No  
If yes:  
Which vaccine(s)? \_\_\_\_\_  
Describe reaction:  
\_\_\_\_\_  
\_\_\_\_\_  
Describe the veterinarian's treatment:  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you use Alternative/Holistic Medicine for this Aussie?  Yes  No  
If yes, mark all that apply  
 Western Herbs  
 Chinese Herbs  
 Chiropractic  
 Accupuncture  
 Essential Oils  
 Reikei  
 Homeopathy  
 Flower Essences  
 Massage Therapy  
 Other \_\_\_\_\_

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**E. Potential Toxic Exposures**

Are any of the following chemicals regularly used in the living environment of this dog?

	Weekly	Monthly	Seasonally	Annually	Not Used
Fertilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household cleaning chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lawn chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pesticides, indoor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pesticides, outdoor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pool chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rodenticide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F. Breeding History**

1. Has this Aussie ever been bred?  Yes  No

2. Brucellosis Testing

a. Has this dog been tested for Brucellosis?  Yes  No

*If no, proceed to section 3 for females or section 4 for males.*

b. Was it tested each time it was bred?  Yes  No

c. Were the dogs to whom this dog was bred also tested for Brucellosis prior to breeding to this dog?  Yes  No

3. Females only:

a. Has this Aussie ever been on birth control medications?  Yes  No

b. Whelping History - list only litters born through December 31, 2008.

*For the purposes of this survey litter = at least 1 pup whelped, live or stillborn*

1. Litter 1

a.  If you have no information on this litter, click here and proceed to the next litter

b. Was this breeding (check one)

- natural
- artificial, fresh semen
- artificial, chilled semen
- artificial, frozen semen
- surgical, fresh semen
- surgical, chilled semen
- surgical, frozen semen

c. Whelping date: MM/DD/YY

d. Birth was:  natural  c-section

e. Registered name of sire: \_\_\_\_\_

f. Number live births: \_\_\_

g. Number stillborn: \_\_\_

h. Number puppies weaned: \_\_\_

i. Was this the female's last litter?  Yes  No

*If yes proceed to section 5 - conditions present at birth.*

2. Litter 2

a.  If you have no information on this litter, click here and proceed to the next litter

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- b. Was this breeding (check one)
- natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_
- g. Number stillborn: \_\_\_
- h. Number puppies weaned: \_\_\_
- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

**3. Litter 3**

- a.  If you have no information on this litter, click here and proceed to the next litter
- b. Was this breeding (check one)
- natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_
- g. Number stillborn: \_\_\_
- h. Number puppies weaned: \_\_\_
- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

**4. Litter 4**

- a.  If you have no information on this litter, click here and proceed to the next litter
- b. Was this breeding (check one)
- natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_
- g. Number stillborn: \_\_\_
- h. Number puppies weaned: \_\_\_
- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

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5. Litter 5

- a.  If you have no information on this litter, click here and proceed to the next litter
- b. Was this breeding (check one)
  - natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_
- g. Number stillborn: \_\_\_
- h. Number puppies weaned: \_\_\_
- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

6. Litter 6

- a.  If you have no information on this litter, click here and proceed to the next litter
- b. Was this breeding (check one)
  - natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_
- g. Number stillborn: \_\_\_
- h. Number puppies weaned: \_\_\_
- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

7. Litter 7

- a.  If you have no information on this litter, click here and proceed to the next litter
- b. Was this breeding (check one)
  - natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_
- g. Number stillborn: \_\_\_
- h. Number puppies weaned: \_\_\_

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- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

8. Litter 8

- a.  If you have no information on this litter, click here and proceed to the next litter
- b. Was this breeding (check one)
- natural
  - artificial, fresh semen
  - artificial, chilled semen
  - artificial, frozen semen
  - surgical, fresh semen
  - surgical, chilled semen
  - surgical, frozen semen
- c. Whelping date: MM/DD/YY
- d. Birth was:  natural  c-section
- e. Registered name of sire: \_\_\_\_\_
- f. Number live births: \_\_\_\_
- g. Number stillborn: \_\_\_\_
- h. Number puppies weaned: \_\_\_\_
- i. Was this the female's last litter?  Yes  No  
*If yes proceed to section 5 - conditions present at birth.*

4. Stud dogs only:

*NOTE: If you are not the only person who has owned this dog and you lack data on litters produced prior to your ownership, answer the questions to the best of your knowledge.*

- a. When was this dog's first litter whelped? \_\_\_\_\_
- b. When was this dog's most recent (prior to 2009) litter whelped? \_\_\_\_\_
- c. Has this stud been used for natural breedings  Yes  No  
*If no, proceed to question d – artificial breeding.*
1. How many femalees has this dog bred naturally? \_\_\_\_\_
  2. How many litters resulted from natural breedings? \_\_\_\_\_
  3. On average, how often did the dog cover each female? \_\_\_\_\_
  4. What was the largest number of pups in a single litter? \_\_\_\_\_ Smallest? \_\_\_\_\_
  5. Total number of live puppies whelped in all naturally bred litters combined \_\_\_\_\_ Total still born \_\_\_\_\_
- d. Has this stud been used for artificial insemination breedings?  Yes  No  
*If no, proceed to section 5 – conditions present at birth.*
1. Which forms of artificial breeding have been used with this stud's semen?  
(check all that apply)
    - artificial, fresh semen
    - artificial, chilled semen
    - artificial, frozen semen
    - surgical, fresh semen
    - surgical, chilled semen
    - surgical, frozen semen
    - don't know
  2. How many times have females been artificially inseminated with this dog's semen?  
\_\_\_\_\_
  3. How many litters resulted from artificial breedings? \_\_\_\_\_
  4. What was the largest number of pups in a single litter? \_\_\_\_\_ Smallest? \_\_\_\_\_
  5. Total number of live puppies whelped in all artificially bred litters \_\_\_\_\_  
Total still born \_\_\_\_\_

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5. Conditions present at birth.

a. Has this dog produced color faults?  Yes  No

*If no, proceed to question b – skeletal defects.*

*If yes, check all that apply.*

- Excess white (i.e. more than allowed in the breed standard)  
*DO NOT include double merles.*



Yellow/gold

Full dilute

Dilution spots (merles only)

Other

Describe \_\_\_\_\_

b. Has this dog produced skeletal defects?  Yes  No

*If no, proceed to question c – closure failures.*

*If yes, check all that apply.*

- Cleft palate or lip
- Other

Describe \_\_\_\_\_

c. Has this dog produced closure failures? (Abnormal openings in the body where the skin has not closed.)  Yes  No

*If no, proceed to question d – other.*

*If yes, check all that apply.*

- spina bifida
- abdominal opening
- groin opening
- Other

Describe \_\_\_\_\_

d. Please indicate any other issues found in this dog's puppies

- Failure to thrive
- Fading
- Birth Trauma
- Death/unknown cause
- None
- Other

Describe \_\_\_\_\_

G. Mortality

1. Is this Aussie alive today?  Yes  No

*If yes, proceed to Section III – In Depth Health Questions.*

a. Was this dog euthanized (life intentionally terminated)?  Yes  No

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- b. Date of death \_\_\_\_\_
- b. Cause of death (if euthanized, check reason):
- Old Age
  - Accident / trauma Describe how the dog died.  
\_\_\_\_\_
  - Illness
    - 1. Diagnosis if known (if death was due to cancer, name specific type, if known.)  
\_\_\_\_\_
    - 2. Veterinary confirmed?  Yes  No
  - Unknown
  - Other \_\_\_\_\_
2. Was an autopsy/necropsy performed?  Yes  No
3. If this Aussie died of cancer, were biopsies or a necropsy done to confirm the diagnosis?  
 Yes  No

### III. In Depth Health Questions

*The following questions will deal with specific areas of your dog's health. Please answer questions to the best of your knowledge and if the condition was diagnosed by a veterinarian. Select all conditions your Aussie may have encountered.*

#### A. Medication Reactions

1. Multi-Drug Reactivity 1 (MDR1)
- a. Has your dog been tested for the MDR1 mutation?  Yes  No
  - b. If yes, what was the result:
    - Normal/Normal (+/+)
    - Normal/Mutant (+/-)
    - Mutant/Mutant (-/-)
  - c. If no, has your dog been cleared by parentage (both parents tested Normal/Normal)?  
 Yes  No
  - d. If no, has your dog been diagnosed as having the mutation based on reaction to one or more of the listed drugs? (a list can be found at [www.busteralert.org](http://www.busteralert.org))  Yes  No  
If yes, what drug(s) did your dog react to?  
\_\_\_\_\_
2. Has this dog reacted to anesthesia or sedation medications *not* related to its MDR1 status?  
 Yes  No
- a. What drug(s) \_\_\_\_\_
- b. Please describe the reaction(s) \_\_\_\_\_
3. Has this dog reacted to other types of medication *not* related to its MDR1 status?  Yes  No
- a. What drug(s) \_\_\_\_\_
  - b. Please describe the reaction(s) \_\_\_\_\_

#### B. Skeletal Structure

1. Hips
- a. Were the dog's hips ever x-rayed for evaluation?:  Yes  No  
*If no, go to section 2 -*
  - b. Was the dog evaluated by OFA?  Yes  No  
*If no, go to question c - Elbows.*
    - 1. Did the dog receive and OFA preliminary evaluation?  Yes  No  
If no, proceed to to item 2 – Adult OFA evaluation.
      - a. Age (in months) \_\_\_\_\_

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- b. Result:
- Excellent
  - Good
  - Fair
  - Borderline
  - Mild
  - Moderate
  - Severe
- c. If the dog was found to be dysplastic (ratings of Mild, Moderate or Severe,) was the condition unilateral?  Yes  No  
If yes, which hip was affected?  Right  Left
2. Did the dog receive an adult (24 months or older) OVA evaluation?  Yes  No  
*If no, go to question c – PennHip.*
- a. Age \_\_\_\_\_
- b. Result:
- Excellent
  - Good
  - Fair
  - Borderline
  - Mild
  - Moderate
  - Severe
- c. If the dog was found to be dysplastic (ratings of Mild, Moderate or Severe,) was the condition unilateral?  Yes  No  
If yes, which hip was affected?  Right  Left
- c. Was the dog evaluated by PennHip  Yes  No  
*If no, proceed to question d – other registries.*
1. Age at evaluation \_\_\_\_\_
2. Distraction Index (D/I): Left \_\_\_\_\_ Right \_\_\_\_\_
- d. Was your dog evaluated by a registry other than OFA or PennHip?  Yes  No  
*If no, proceed to question e – veterinary evaluation only.*
1. If yes, Other Registry's Name: \_\_\_\_\_
2. Age at evaluation \_\_\_\_\_
3. Results (select one of the following as appropriate to your registry)
- Overall grade \_\_\_\_\_
  - Separate grade, each hip: Left \_\_\_\_\_ Right \_\_\_\_\_
  - International FCI norm
    - a. Age (in months) \_\_\_\_\_
    - b. Results:
      - HD A
      - HD B
      - HD C
      - HD D
      - HD E  Norberg angle: \_\_\_\_\_
  - Botafwijing: \_\_\_\_\_
  - Aansluiting: \_\_\_\_\_
- e. Did your dog receive veterinary evaluation only?  Yes  No  
*If no and dysplastic, proceed to question f - dysplastic.*  
*If no and NOT dysplastic, proceed to section 2 – Elbows.*
1. Age at evaluation \_\_\_\_\_
2. Result \_\_\_\_\_
3. This veterinarian was (check one)
- Board Certified Veterinary Orthopedist or Radiologist
  - Small Animal Clinician
  - Other \_\_\_\_\_
- f. If your dog is dysplastic:
1. Does it have Degenerative Joint Disease (DJD)?  Yes  No

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2. Has it had corrective surgery?  Yes  No  
If yes, which procedure \_\_\_\_\_

2. Elbows

- a. Were the dog's elbows ever x-rayed for evaluation?:  Yes  No  
*If no, go to Item 3-Skeletal Anomalies.*
- b. Was your dog evaluated by OFA?  Yes  No  
*If no, go to question c – FCI evaluation.*
1. Dog's age at exam \_\_\_\_\_
2. Result (check one)
- Normal
  - Indeterminate
  - Degenerative Joint Disease Grade I
  - Degenerative Joint Disease Grade II
  - Degenerative Joint Disease Grade III
  - UAP/DJD Grade I
  - UAP/DJD Grade II
  - UAP/DJD Grade III
  - FCP/DJD Grade I
  - FCP/DJD Grade II
  - FCP/DJD Grade III
  - OCD/DJD Grade I
  - OCD/DJD Grade II
  - OCD/DJD Grade III
  - Ununited Medial Epicondyle
3. If elbow dysplasia was present, was it unilateral?  Yes  No  
If yes, which elbow?  Right  Left
- c. Was your dog evaluated under the FCI system?  Yes  No  
*If no, go to question d – other registry.*
1. Dog's age at exam \_\_\_\_\_
2. Result
- Normal
  - Grade 1
  - Grade 2
  - Grade 3
3. If elbow dysplasia was present, was it unilateral?  Yes  No  
If yes, which elbow?  Right  Left
- d. Was your dog evaluated by a registry other than OFA or FCI?  Yes  No  
*If no, go to question e – veterinary evaluation only.*
1. Name of Registry \_\_\_\_\_
2. Age at evaluation \_\_\_\_\_
3. Results (select one of the following as appropriate to your registry)
- Overall grade \_\_\_\_\_
  - Separate grade, each elbow: Left \_\_\_\_\_ Right \_\_\_\_\_
- e. Did your dog receive veterinary evaluation only?  Yes  No  
*If no and dog has elbow dysplasia, go to question f – elbow dysplasia.*  
*If no and dog does NOT have elbow dysplasia, go to section 3 – skeletal anomalies.*
1. Age at evaluation \_\_\_\_\_
2. Result \_\_\_\_\_
3. This veterinarian was (check one)
- Board Certified Veterinary Orthopedist or Radiologist
  - Small Animal Clinician
  - Other \_\_\_\_\_

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f. If your dog has elbow dysplasia:

1. What defect(s) does it have:

a. Right Elbow

- Degenerative Joint Disease (DJD/Arthritis)
- Fragmented medial Coronoid Process (FCP/LPC)
- Osteochondritis Desicans (OCD)
- Ununited Aconceal Process (UAP)
- Ununited Medial Epicondyle
- No defects

b. Left Elbow

- Degenerative Joint Disease (DJD)
- Fragmented medial Coronoid Process (FCP)
- Osteochondritis Desicans (OCD)
- Ununited Aconceal Process (UAP/LPA)
- Ununited Medial Epicondyle
- No defects

2. Did it require surgery?  Yes  No

If yes, which procedure \_\_\_\_\_

3. Skeletal anomalies

Does this dog have any of the following:

- Transitional vertebrae
- Hemivertebrae
- None
- Other \_\_\_\_\_

4. Dental Structure and Teeth

a. Select the one that best describes this dog's bite:

- Scissors (upper incisors closely overlap lower incisors)
- Level/even (tips of upper and lower incisors meet)
- Undershot (lower incisors overlap or extend beyond upper)
- Overshot (upper incisors extend beyond lower by more than 1/8 inch/2 mm)
- Wry bite (one side of lower jaw longer than the other causing misalignment of canines and incisors)
- Anterior Cross-bite (some, but not all, lower incisors extend beyond upper)
- Dropped incisors (two center lower incisors significantly shorter than the other lower incisors)

b. Does this dog have missing teeth?  Yes  No

*NOTE: For the purposes of this question, "missing" means adult teeth that never erupted and does not apply to teeth which did erupt and were later lost due to accident or disease.*

*If no, proceed to question c – extra teeth. It DOES apply to teeth that can be seen on x-ray but failed to erupt.*

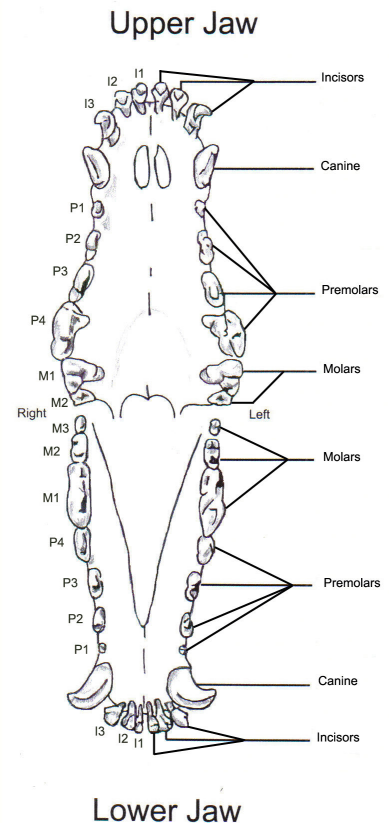
If yes, please indicate which are missing:

Incisors

- |             |                         |                         |                         |
|-------------|-------------------------|-------------------------|-------------------------|
| Upper Right | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Upper Left  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Lower Right | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Lower Left  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

Canines

- |       |                         |                         |
|-------|-------------------------|-------------------------|
| Upper | <input type="radio"/> R | <input type="radio"/> L |
| Lower | <input type="radio"/> R | <input type="radio"/> L |



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Premolars

- Upper Right  1  2  3  4  
Upper Left  1  2  3  4  
Lower Right  1  2  3  4  
Lower Left  1  2  3  4

Molars

- Upper Right  1  2  
Upper Left  1  2  
Lower Right  1  2  3  
Lower Left  1  2  3

- c. Does this dog have extra teeth?  Yes  No  
*If no, proceed to section C – Skeletal Diseases.*  
If yes, please indicate which type:  
 Incisors, how many \_\_\_\_  
 Canines, how many \_\_\_\_  
 Premolars, how many \_\_\_\_  
 Molars, how many \_\_\_\_

C. Skeletal Diseases (Orthopedic)

1. Does this dog have arthritis?  Yes  No  
*If no, go to item 2 – cruciate ligaments.*  
a. Age at diagnosis \_\_\_\_\_  
b. Which joint(s)? \_\_\_\_\_  
c. Diagnosed by veterinarian?  Yes  No  
d. Lab/x-ray done to confirm?  Yes  No  
If yes, type of test \_\_\_\_\_  
e. Cause of arthritis, if known \_\_\_\_\_
2. Does this dog have cruciate ligament problems?  Yes  No  
*If no, proceed to item 3 – osteochondritis desicans.*  
a. Age at diagnosis \_\_\_\_\_  
b. Stifle joint(s) affected  Left  Right  Both  
c. Diagnosed by veterinarian?  Yes  No  
d. Lab/x-ray done to confirm?  Yes  No  
If yes, type of test \_\_\_\_\_  
e. Did the condition require surgery?  Yes  No
3. Does this dog have osteochondritis desicans (OCD)?  
*If no, go to item 4 – patellar luxation.*  
a. Age at diagnosis \_\_\_\_\_  
b. Joint(s) affected  
 Elbow  
 Left  
 Right  
 Both  
 Shoulder  
 Left  
 Right  
 Both  
 Other \_\_\_\_\_  
c. Diagnosed by veterinarian?  Yes  No  
d. Lab/x-ray done to confirm?  Yes  No  
If yes, type of test \_\_\_\_\_  
e. Did the condition require surgery?  Yes  No

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4. Does this dog have patellar luxation (slipped patellas)?  Yes  No

*If no, proceed to section 5 – spondylosis.*

- a. Age at diagnosis \_\_\_\_\_
- b. Joint(s) affected
  - Left
  - Right
  - Both
- c. Diagnosed by veterinarian?  Yes  No
- d. Lab/x-ray done to confirm?  Yes  No  
If yes, type of test \_\_\_\_\_
- e. Did the condition require surgery?  Yes  No

5. Does this dog have spondylosis?

*If no, proceed to section 6 – other skeletal defects.*

- a. Age at diagnosis \_\_\_\_\_  Yes  No
- b. Diagnosed by veterinarian?  Yes  No
- c. Lab/x-ray done to confirm?  Yes  No  
If yes, type of test \_\_\_\_\_

6. Does the dog have any other skeletal diseases?  Yes  No

*If no, proceed to Section D – ears.*

- a. Age at diagnosis \_\_\_\_\_
- b. Diagnosed by veterinarian?  Yes  No
- c. Lab/x-ray done to confirm?  Yes  No  
If yes, type of test \_\_\_\_\_

**D. Ear Function and Health**

1. Has this dog been BAER tested?  Yes  No

a. Is dog deaf?  Yes  No

*If no, proceed to item 2 – ear infections.*

- b. Age at diagnosis \_\_\_\_\_
- b. Which ear?
  - Left
  - Right
  - Both
- c. Has a BAER test been done to confirm?  Yes  No
- d. What is the cause of deafness?
  - Congenital (present from birth)
  - Dog is a homozygous (double) merle
  - Injury, type \_\_\_\_\_
  - Chronic infection, type \_\_\_\_\_
  - Unknown
  - Other: \_\_\_\_\_
- e. Was the cause of deafness diagnosed by a veterinarian?  Yes  No

2. Does this dog have chronic ear infections?  Yes  No

*If no, proceed to section E – eyes.*

- a. Age at diagnosis \_\_\_\_\_
- b. Due to:
  - Allergies
  - Unknown
  - Other: \_\_\_\_\_
- c. Diagnosed by veterinarian?  Yes  No

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**E. Eye Diseases**

1. Has this dog ever had distichiasis (abnormal eyelashes)?  Yes  No  
*If no, proceed to section 2 – collie eye anomaly.*
  - a. Age at diagnosis \_\_\_\_\_
  - b. Diagnosed by
    - Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
    - Small Animal Clinician (no specialist certification)
  - c. Eye(s) affected:
    - Left
    - Right
    - Both
  - d. Number of lashes involved? \_\_\_\_\_ OR  don't know
  - e. Did corneal injury result (the cornea is the clear outer surface of the eye)?  Yes  No  
If so, was it:
    - Temporary
    - Permanent
  - f. Has the dog had abnormal lashes removed surgically?  Yes  No
  - g. Has the dog had multiple incidents of distichiasis?  Yes  No  
If yes, age(s) at other occurrences \_\_\_\_\_
2. Collie Eye Anomaly (CEA)
  - a. Has this dog had the DNA test for CEA/CH?  Yes  No  
If yes, what was the result:
    - Normal/Normal
    - Normal/Mutant
    - Mutant/Mutant
  - b. Has this dog been diagnosed with CEA via an eye exam?  Yes  No  
If no, go to section 3 – progressive retinal atrophy.
  - c. Age at diagnosis: \_\_\_\_\_
  - d. Diagnosed by
    - Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
    - Small Animal Clinician (no certification)
    - DNA test result
  - e. Type of lesion(s) (defects) found by examiner:
    - Choroidal hypoplasia
    - Optic nerve coloboma
    - Retinal detachment due to CEA
    - Don't know
  - f. Eye(s) affected:
    - Left
    - Right
    - Both
  - g. Is the dog blind due to CEA?  Yes  No  
If so, which eye(s)?
    - Left
    - Right
    - Both
3. Progressive Retinal Atrophy (PRA)
  - a. Has this dog had the DNA test for prcd/PRA?  Yes  No  
If yes, what was the result:
    - Normal/Normal
    - Normal/Mutant
    - Mutant/Mutant
  - b. Has this dog been diagnosed with PRA via an eye exam?  Yes  No  
*If no, go to section 4 - cataract.*
  - c. Age at diagnosis: \_\_\_\_\_

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- d. Diagnosed by
- Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
  - Small Animal Clinician (no certification)
  - DNA test result
- e. Is the dog blind due to PRA?  Yes  No
- If so, which eye(s)?
- Left
  - Right
  - Both

4. Cataracts

- a. Has this dog had the DNA test for the HSF4 cataract?  Yes  No
- If yes, what was the result:
- Normal/Normal
  - Normal/Mutant
  - Mutant/Mutant
- b. Has this dog been diagnosed with cataract by exam?  Yes  No
- If no, go to question 5 – iris coloboma.
- c. Age at diagnosis: \_\_\_\_\_
- d. Diagnosed by
- Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
  - Small Animal Clinician (no certification)
  - DNA test result
- f. Type of cataract(s) found by examiner:

*Definitions of terms:*

*Anterior – front of the lens*

*Capsule – skin of lens*

*Cortex – outer portion of lens*

*Diffuse – large cataract*

*Equatorial – around the outer surface of the lens*

*Intermediate – size of cataract falls between punctate and diffuse*

*Nucleus – core of the lens*

*Posterior –back of the lens*

*Punctate – very small cataract*

*Sutures – areas on front and back of lens where tissue came together during prenatal development*

- Anterior cortex:

Left eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Right Eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

- Anterior sutures:

Left eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

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Right Eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Capsular:

Left eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Right Eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Equatorial cortex:

Left eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Right Eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Generalized (entire lens involved)

- Left eye
- Right eye
- Both

Nuclear:

Left eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Right Eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Posterior cortex:

Left eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

Right Eye (select one)

- Punctate
- Intermediate
- Diffuse
- None

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- Posterior sutures:
    - Left eye (select one)
      - Punctate
      - Intermediate
      - Diffuse
      - None
    - Right Eye (select one)
      - Punctate
      - Intermediate
      - Diffuse
      - None
  
  - f. Is the dog blind due to cataracts?  Yes  No  
If yes, which eye(s):
    - Left
    - Right
    - Both
  - g. What is the presumed cause of the cataracts?
    - Hereditary
    - Unknown
    - Other \_\_\_\_\_
  - h. Has the dog had corrective surgery for its cataracts?  Yes  No  
If yes:
    - Age at surgery \_\_\_\_\_
    - Do you consider the surgery to have been successful?  Yes  No
  - i. If you have not already done so, would you like to submit samples and data from your cataract affected dog to the Animal Health Trust's study?  Yes  No  
*NOTE: If you mark "yes" we will contact you to make arrangements to send a kit.*
5. Iris Coloboma  Yes  No  
*If no, proceed to section 6 – persistent pupillary membrane .*
- a. Age at diagnosis: \_\_\_\_\_
  - b. Diagnosed by
    - Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
    - Small Animal Clinician (no certification)
    - Yourself, breeder or prior owner
  - c. Which eye(s)?
    - Left
    - Right
    - Both
6. Persistent Pupillary Membrane (PPM or MPP)  Yes  No  
*If no, proceed to section 7 – hyaloid arteries.*
- a. Age at diagnosis: \_\_\_\_\_  
If diagnosed under 4 months of age, did the PPM/MPP later resolve (go away)?
    - Yes  No
  - b. Diagnosed by
    - Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
    - Small Animal Clinician (no certification)
    - Yourself, breeder or prior owner
  - c. What type(s) of PPM/MPP did the dog have?  
Left eye (check one)
    - Iris-to-iris
    - Iris-to-lens
    - Iris-to-cornea
    - Iris sheets
    - None

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Right eye (check one)

- Iris-to-iris
- Iris-to-lens
- Iris-to-cornea
- Iris sheets
- None

d. Did the PPM/MPP cause opacities (white areas) of the cornea or lens?  Yes  No

7. Has this dog ever had hyaloid arteries (fetal arteries that remain in the eyes)?  Yes  No  
*If no, proceed to section 8 - other.*

a. Age at diagnosis: \_\_\_\_\_

If diagnosed under 6 months of age, did the hyaloid artery later resolve (go away)?

- Yes  No

b. Diagnosed by

- Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
- Small Animal Clinician (no certification)

c. Eye(s) affected:

- Left
- Right
- Both

d. Did the hyaloid artery cause a plaque, cataract or other opacity on the lens?  Yes  No

e. Is the dog blind in one or both eyes due to hyaloid artery?  Yes  No

f. If you have not already done so, would you like to submit samples and/or data from your hyaloid-affected dog to Dr. Kylie Munyard's study?  Yes  No

*NOTE: If you mark "yes" we will contact you to make arrangements.*

8. Has this dog had any other eye disease or defect?  Yes  No

*If no, proceed to section F – endocrine.*

a. What disease or defect did the dog have? \_\_\_\_\_

b. Age at diagnosis? \_\_\_\_\_

c. Diagnosed by

- Board certified (ACVO, ECVO, etc) veterinary ophthalmologist
- Small Animal Clinician (no certification)
- Yourself, breeder or prior owner

c. Eye(s) affected:

- Left
- Right
- Both

d. Is the dog blind due to this condition?  Yes  No

*Would you like to report additional eye problems?*  Yes  No

If yes, please answer the above questions on the reverse of this sheet.

#### F. Endocrine Diseases

*Note: Endocrine diseases are glandular diseases. They affect the thyroid, parathyroid, pancreas, pineal, pituitary, adrenals, ovaries and testes. For the purposes of this survey, diseases of the sex glands will be included in section P – Reproductive Problems.*

1. Does this dog have thyroid disease  Yes  No

*If no, proceed to question 2 – Addison's.*

a. Age at diagnosis: \_\_\_\_\_

b. Diagnosed by a veterinarian?  Yes  No

c. What was the specific diagnosis?

- Autoimmune thyroiditis
- Hypothyroid
- Hyperthyroid
- Other \_\_\_\_\_

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- d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
2. Does this dog have Addison's Disease?  Yes  No  
*If no, proceed to question 3 – Cushing's.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No  
c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
3. Does this dog have Cushing's Disease?  Yes  No  
*If no, proceed to question 4 - diabetes.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No  
c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
4. Does this dog have diabetes?  Yes  No  
*If no, proceed to question 5 - other.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No  
c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
5. Other Endocrine Disease  Yes  No  
*If no, proceed to question section G – gastro-intestinal disorders.*  
a. Name of disease: \_\_\_\_\_  
b. Age at diagnosis: \_\_\_\_\_  
c. Diagnosed by a veterinarian?  Yes  No  
d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

G. Gastro-intestinal Disorders

1. Does or did this dog have a hernia?  Yes  No  
*If no, proceed to question 2 – inflammatory bowel disease.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No  
c. Was the hernia  
 Umbilical (belly button)  
 Inguinal (groin)  
 Perineal (near the anus)  
d. What was the cause of the hernia?  
 Congenital (present at birth)  
 Trauma, describe \_\_\_\_\_  
 Unknown  
 Other \_\_\_\_\_  
e. Did this hernia resolve (go away)?  Yes  No  
f. Did this hernia require surgical correction?  Yes  No
2. Does the dog have Inflammatory Bowel Disease?  Yes  No  
*If no, proceed to question 3 - megaesophagus.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No  
c. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

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3. Does the dog have megaesophagus?  Yes  No  
*If no, proceed to question 4 – food intolerance.*
- a. Age at diagnosis: \_\_\_\_\_
  - b. Diagnosed by a veterinarian?  Yes  No
  - c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
  - d. What was the cause?
    - Persistent Right Aortic Arch
    - Myasthenia gravis
    - Unknown
    - Other \_\_\_\_\_
4. Does the dog have food intolerance?  Yes  No  
*If no, proceed to question 5 – cobalamin malabsorption..*
- a. Age at diagnosis: \_\_\_\_\_
  - b. Diagnosed by a veterinarian?  Yes  No
  - c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
  - d. Is intolerance due to an allergy, per veterinary diagnosis?
    - Yes  No
  - e. What food items did the dog react to? (check all that apply)
    - Beef
    - Dairy products
    - Chicken
    - Wheat
    - Eggs
    - Corn
    - Soy
    - Other \_\_\_\_\_
  - f. How did the dog react? (check all that apply)
    - Vomiting
    - Diarrhea
    - Itching
    - Hair loss
    - Hot spots
    - Other \_\_\_\_\_
5. Does the dog have cobalamin (Vitamin B<sup>12</sup>) malabsorption?  Yes  No  
*If no, proceed to question 6 – chronic diarrhea .*
- a. Age at diagnosis: \_\_\_\_\_
  - b. Was this diagnosed by a veterinarian?  Yes  No
  - c. Has this dog been DNA tested for Cobalamin Malabsorption?
    - Yes  No
  - d. Were other lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
6. Does this dog have chronic diarrhea due to causes other than any of the above?  Yes  No  
*If no, proceed to question 7 – recurrent vomiting.*
- a. Age at diagnosis: \_\_\_\_\_
  - b. Specific cause \_\_\_\_\_  
Was this diagnosed by a veterinarian?  Yes  No
  - c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
7. Does this dog have recurrent vomiting due to causes other than any of the above?
  - Yes  No*If no, proceed to question 8 - other.*
- a. Age at diagnosis: \_\_\_\_\_

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- b. Specific cause \_\_\_\_\_  
Was this diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
8. Does this dog have any other gastrointestinal disease?  Yes  No  
*If no, proceed to section H – blood and lymph system.*
- a. Name of disease: \_\_\_\_\_
- b. Age at diagnosis: \_\_\_\_\_
- c. Diagnosed by a veterinarian?  Yes  No
- d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

**H. Blood & Lymph System Diseases**

Note: *Cancers of the blood or lymph system should be reported in section Q – Cancer.*

1. Does this dog have hemophilia?  Yes  No  
*If no, proceed to question 2 – vonWillebrand's.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Was this diagnosed by a veterinarian?  Yes  No
- c. Which form does the dog have?  
 Hemophilia A  
 Hemophilia B (Christmas Disease)  
 Don't know
- d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
2. von Willebrand's Disease  Yes  No  
*If no, proceed to question 3 – Pelger- Huët anomaly.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Was this diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
- d. Does this dog also have thyroid disease?  Yes  No
3. Pelger- Huët Anomaly Positive  Yes  No  
*If no, proceed to question 4 – immune-mediated hemolytic anemia.*
- a. Age at testing: \_\_\_\_\_
- b. Who screened the sample?  
 Small animal veterinarian  
 Pathology laboratory  
 University of Georgia
4. Immune-mediated Hemolytic Anemia  Yes  No  
*If no, proceed to question 5 – idiopathic thrombocytopenic purura.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
- d. Was a cause for the disease identified by a veterinarian?  Yes  No  
If yes, what? \_\_\_\_\_
5. Idiopathic Thrombocytopenic Purpura (ITP)/Thrombocytopenia  Yes  No  
*If no, proceed to question 6 - other.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Diagnosed by a veterinarian?  Yes  No

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c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

6. Other Blood or Lymph System Disease  Yes  No

*If no, proceed to section I – heart/vascular diseases.*

a. Name of disease: \_\_\_\_\_

b. Age at diagnosis: \_\_\_\_\_

c. Diagnosed by a veterinarian?  Yes  No

d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

I. Heart Defects and Vascular Diseases

1. Did this dog have any congenital (present at birth) heart vessel defects  Yes  No

*If no, proceed to question 2 – mitral valve.*

a. Age at diagnosis: \_\_\_\_\_

b. Was this diagnosed by a veterinarian?  Yes  No

c. Which form does the dog have?

Patent ductus arteriosus

Persistent Right Aortic Arch

Ventricular Septal Defect

Don't know

Other \_\_\_\_\_

d. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

2. Mitral Valve Disease  Yes  No

*If no, proceed to question 3 – sub-aortic stenosis.*

a. Age at diagnosis: \_\_\_\_\_

b. Was this diagnosed by a veterinarian?  Yes  No

c. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

3. Sub-aortic Stenosis  Yes  No

*If no, proceed to question 4 - murmur.*

a. Age at diagnosis: \_\_\_\_\_

b. Was this diagnosed by a veterinarian?  Yes  No

c. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

4. Heart Murmur (due to causes other than any of the above)  Yes  No

*If no, proceed to question 5 - other.*

a. Age at diagnosis: \_\_\_\_\_

If dog was diagnosed at less than 4 months, did the murmur later go away?

Yes  No

b. Was this diagnosed by a veterinarian?  Yes  No

c. Was the cause of the murmur determined?  Yes  No

If yes, what was it? \_\_\_\_\_

c. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

5. Other Heart or Vascular Disease  Yes  No

*If no, proceed to section J liver/pancreas.*

a. Name of disease: \_\_\_\_\_

b. Age at diagnosis: \_\_\_\_\_

c. Diagnosed by a veterinarian?  Yes  No

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- d. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

J. Liver-Pancreas Diseases

1. Porto-systemic (liver) Shunt  Yes  No  
*If no, proceed to question 2 – other liver.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No  
c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_  
d. Was this dog tested for Cobalamin (Vit B<sup>12</sup>) Malabsorbtion?  
 Yes  No  
If yes, which test was used? \_\_\_\_\_  
What was the result? \_\_\_\_\_
2. Has your dog had any other type of liver disease?  Yes  No  
*If no, proceed to question 3 – pancreatic disease.*  
a.. What was the disease? \_\_\_\_\_  
b. Age at diagnosis: \_\_\_\_\_  
c. Diagnosed by a veterinarian?  Yes  No  
d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
3. Has your dog had any other type of pancreatic disease?  Yes  No  
*If no, proceed to the section K – urinary/kidney.*  
a. What was the disease? \_\_\_\_\_  
b. Age at diagnosis: \_\_\_\_\_  
c. Diagnosed by a veterinarian?  Yes  No  
d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

K. Urinary and Kidney Diseases

1. Has your Aussie ever had a urinary or kidney disease?  Yes  No  
*If no, proceed to section L – immune mediated.*
2. What was the diagnosis? \_\_\_\_\_
3. Dog's age at diagnosis? \_\_\_\_\_
4. Was the diagnosis made by a veterinarian?  Yes  No
5. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

L. Immune Mediated Diseases

*NOTE: Diseases in this section are either clearly immune mediated or can affect multiple body systems. Diseases specific to particular body systems will be listed under those headings. Examples: Inflammatory Bowel Disease under Gastrointestinal Disorders and Demodectic Mange under Skin Diseases.*

1. Does this dog have allergies?  Yes  No  
*If no, proceed to question 2 - lupus.*  
a. Age at diagnosis: \_\_\_\_\_  
b. Diagnosed by a veterinarian?  Yes  No

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- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
- d. Do you know what specific things your dog is allergic to?  
 Yes  No  
If yes, please fill in the below for each item that causes an allergic reaction in your dog:
- | Item  | Vet diagnosed?                                     |
|-------|--|
| _____ | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | <input type="radio"/> Yes <input type="radio"/> No |
| _____ | <input type="radio"/> Yes <input type="radio"/> No |
- e. How would you characterize your dog's allergies?  
 Mild  
 Moderate  
 Severe
- f. Approximately how frequently does your dog have allergy attacks?  
 Seasonally (only at particular times of year)  
 4-5 times throughout the year  
 Monthly  
 Weekly  
 Almost constantly
- g. What type of reaction does the dog have?  
 Skin, no hotspots  
 Skin, with hotspots  
 Respiratory  
 Skin and respiratory together  
 Other \_\_\_\_\_
- g. Has your dog ever had an anaphylactic (sudden, severe and life-threatening) allergic reaction?  Yes  No
- How many times has this happened? \_\_\_\_\_
  - What caused the reaction?  
 Bee Sting  
 Vaccine  
Type \_\_\_\_\_  
How long before the reaction was the vaccine administered?  
 Under one hour  
 1 – 6 hours  
 7-24 hours  
 More than 24 hours  
 Other \_\_\_\_\_  
 Don't know
2. Does this dog have lupus?  Yes  No  
*If no, proceed to question 3 - uveodermatological syndrome.*
- Age at diagnosis: \_\_\_\_\_
  - Diagnosed by a veterinarian?  Yes  No
  - Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
  - What type of lupus was your dog diagnosed with?  
 Discoid (skin)  
Did this advance to lupus erythematosus?  Yes  No  
 Erythematosus (systemic)  
 Don't know  
 Other \_\_\_\_\_
3. Does this dog have uveodermatological (Vogt-Koyanagi-Harada-like/VKH) syndrome?  
 Yes  No  
*If no, proceed to question 4 - other.*

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- a. Age at diagnosis: \_\_\_\_\_
- b. Diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
4. Has your dog had any other type of immune mediated disease?  Yes  No  
*If no, proceed to the section M - skin.*
- a. What was the disease? \_\_\_\_\_
- b. Age at diagnosis: \_\_\_\_\_
- c. Diagnosed by a veterinarian?  Yes  No
- d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

M. Skin Diseases

1. Has this dog ever had an anal gland infection?  Yes  No  
*If no, proceed to question 2 – dermatomyositis.*
- a. Age at first diagnosis: \_\_\_\_\_  
If the dog has had this multiple times, how many? \_\_\_\_\_
- b. Diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
- d. Did the dog develop a perianal fistula (abscess opening to the outside)?  Yes  No
2. has this dog ever had dermatomyositis?  Yes  No  
*If no, proceed to question 3 – demodex mange.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
3. Does this dog have demodex mange?  Yes  No  
*If no, proceed to question 4 - pemphigus.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Type:
- Generalized (happened repeated times or spread significantly in extent)
  - Localized (one occurrence in a limited area)
  - Don't know
- b. Diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
4. Pemphigus  Yes  No  
*If no, proceed to question 5 – sebaceous tumors/cysts.*
- a. Age at diagnosis: \_\_\_\_\_
- b. Diagnosed by a veterinarian?  Yes  No
- c. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
5. Sebaceous tumors/cysts (small wart-like skin growths)  Yes  No  
*If no, proceed to question 6 - other.*
- a. Age at diagnosis: \_\_\_\_\_

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- b. Type
- Sebaceous Hyperplasia
  - Sebaceous Epithelioma
  - Sebaceous Adenoma
  - Sebaceous Carcinoma
  - Don't know
- c. Diagnosed by a veterinarian?  Yes  No
- d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
- e. Was surgery necessary?  Yes  No
6. Has your dog had any other type of skin disease?  Yes  No  
*If no, proceed to section N - neurological.*
- a. What was the disease? \_\_\_\_\_
- b. Age at diagnosis: \_\_\_\_\_
- c. Diagnosed by a veterinarian?  Yes  No
- d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

**N. Neurological Diseases**

1. Does this dog have epilepsy  Yes  No  
*If no, proceed to question 2 – hindquarter tremor.*
- a. Age at diagnosis: \_\_\_\_\_  
If the dog was under 1 year of age when it started seizing, was it tested to rule out Cobalamin (Vit B<sup>12</sup>) Malabsorption?  
 Yes  No  
If yes, which test was used? \_\_\_\_\_  
What was the result? \_\_\_\_\_
- b. Epilepsy diagnosed by a veterinarian?  Yes  No  
If yes, was the veterinarian a neurologist?  Yes  No
- c. Were lab tests done to rule out other possible causes of the seizures?  
 Yes  No  
If yes, what test(s) \_\_\_\_\_
- d. If you have not already done so, would you like to submit samples and data from your epilepsy-affected dog to either the University of Minnesota (North America) or the University of Helsinki (Europe) study?  Yes  No  
*NOTE: If you mark "yes" we will contact you to make arrangements.*
2. Does this dog have hindquarter tremor?  Yes  No  
*If no, proceed to question 3 – muscular dystrophy.*
- a. At what age did you first notice the tremor? \_\_\_\_\_
- b. Does the dog also exhibit tremors in the forequarters?  Yes  No
- c. Was the dog checked by a veterinarian to rule out possible causes for the tremors?  Yes  No  
If yes, what test(s) were done? \_\_\_\_\_  
Results? \_\_\_\_\_
3. Does this dog have muscular dystrophy?  Yes  No  
*If no, proceed to question 4 – myasthenia gravis.*
- a. Age at diagnosis: \_\_\_\_\_
- c. Diagnosed by a veterinarian?  Yes  No
- d. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

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4. Does this dog have myasthenia gravis?  Yes  No  
*If no, proceed to question 5 – ceroid lipofuscinosis.*
- a. Age at diagnosis: \_\_\_\_\_
  - b. Diagnosed by a veterinarian?  Yes  No
  - c. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
5. Neuronal (canine) ceroid lipofuscinosis (NCL/CCL)  Yes  No  
*If no, proceed to question 6 - other.*
- a.. Age at diagnosis: \_\_\_\_\_
  - b. Diagnosed by a veterinarian?  Yes  No
  - d. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
  - e. If you have not already done so, would you like to submit samples and/or data from your NCL-affected dog to the study at the University of Missouri?  Yes  No  
*NOTE: If you mark “yes” we will contact you to make arrangements.*
6. Has your dog had any other type of neurological disease?  Yes  No  
*If no, proceed to section O - respiratory.*
- a. What was the disease? \_\_\_\_\_
  - b. Age at diagnosis: \_\_\_\_\_
  - c. Diagnosed by a veterinarian?  Yes  No
  - d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

O. Respiratory Problems

NOTE: Respiratory allergies should be reported in Section L – Immune Mediated Diseases.

1. Abnormal Bark  Yes  No  
*If no, proceed to question 2 – laryngeal paralysis.*
- a. At what age did you first notice the abnormal bark? \_\_\_\_\_
  - b. Was the dog checked by a veterinarian to determine a cause?  Yes  No  
Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_  
Results? \_\_\_\_\_
2. Laryngeal Paralysis  Yes  No  
*If no, proceed to question 3 - other.*
- a.. Age at diagnosis: \_\_\_\_\_
  - b. Diagnosed by a veterinarian?  Yes  No
  - d. Were tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_
  - e. Has your dog had tie-back surgery?  Yes  No  
If yes, was it successful?  Yes  No
3. Has your dog had any other type of respiratory disease?  Yes  No  
*If no, proceed to section P - reproduction.*
- a. What was the disease? \_\_\_\_\_
  - b. Age at diagnosis: \_\_\_\_\_
  - c. Diagnosed by a veterinarian?  Yes  No
  - d. Were lab tests done to confirm the diagnosis?  Yes  No  
If yes, what test(s) \_\_\_\_\_

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P. Reproductive Problems

1. Males Only

a. Sterility Problems:

- Sperm lack motility
- No sperm
- Low sperm count
- Other \_\_\_\_\_
- Don't know
- None

b. Testicles

- i. Were both testicles palpable when a young puppy?  Yes  No

1. If yes, by whom:

- Yourself
- Veterinarian
- Dog's breeder (if other than you)
- Other \_\_\_\_\_

2. Did both testicles stay descended?  Yes  No

If not, when was the missing testicle noticed for the last time?

	Right	Left
Under 12 weeks old	<input type="radio"/>	<input type="radio"/>
12 weeks to 4 months	<input type="radio"/>	<input type="radio"/>
4 – 6 months	<input type="radio"/>	<input type="radio"/>
Older than 6 months	<input type="radio"/>	<input type="radio"/>
Did not retract	<input type="radio"/>	<input type="radio"/>

*Proceed to question c – was the dog bred.*

2. If testicles were not palpable as a young puppy, when did they descend?

Age	Right	Left
<input type="radio"/> Less than 10 weeks	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 10 weeks to 6 months	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Older than 6 months	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Never descended	<input type="radio"/>	<input type="radio"/>

3. Were retained testicles removed surgically?  Yes  No

If yes, where were they found?

- In the abdomen
- In the flank
- Don't know

- c. Was this dog ever bred?  Yes  No

*If no, go to item d - prostate.*

- a. Number of femalees he was bred to? \_\_\_\_\_
- b. How many litters did he sire? \_\_\_\_\_
- c. How many puppies, total? \_\_\_\_\_
- d. Did this dog ever exhibit any abnormal breeding behaviors?  Yes  No

*If no, proceed to item d – prostate.*

i. Type of behavior:

- Impotence (no interest in females in heat )
- Unwilling to breed
- Unable to breed

ii. Once the behavior began, was it

- Permanent
- Intermittent

- d. Does this dog have prostate disease?  Yes  No

*If no, proceed to item e – testicular atrophy.*

- 1. Age at diagnosis? \_\_\_\_\_
  - 2. Did it result in sterility?  Yes  No
  - 3. Diagnosed by a veterinarian?  Yes  No
  - 4. Were test(s) done to confirm diagnosis?  Yes  No
- If yes, what test(s)? \_\_\_\_\_

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- e. Does this dog have testicular atrophy? Yes No  
*If no, proceed to question f – other.*
- i. Age at diagnosis? \_\_\_\_\_
  - ii. Reason
    - old age
    - immune mediated
    - don't know
    - other \_\_\_\_\_
  - iii. Diagnosed by a veterinarian? Yes No
  - iv. Were test(s) done to confirm diagnosis? Yes No  
If yes, what test(s)? \_\_\_\_\_
- f. Does this dog have any other male-specific reproductive disease or genital defect?  
Yes No
- a. Type: \_\_\_\_\_
  - b. Age at diagnosis? \_\_\_\_\_
  - c. Did it result in sterility? (For reasons other than altering.)
    - Yes
    - No
    - Don't know
  - 4. Diagnosed by a veterinarian? Yes No
  - 5. Were test(s) done to confirm diagnosis? Yes No  
If yes, what test(s)? \_\_\_\_\_

**2. Females Only**

- a. Age at first heat? \_\_\_\_\_
  - b. Number of months between cycles? \_\_\_\_\_
  - c. Was this female ever bred? Yes No  
*If no, proceed to e – reproductive defects/failures.*
1. Please indicate number of puppies delivered below:
- Litter 1: \_\_\_\_\_
  - Litter 2: \_\_\_\_\_
  - Litter 3: \_\_\_\_\_
  - Litter 4: \_\_\_\_\_
  - Litter 5: \_\_\_\_\_
  - Litter 6: \_\_\_\_\_
  - Litter 7: \_\_\_\_\_
  - Litter 8: \_\_\_\_\_
  - Total puppies born \_\_\_\_\_
2. How many puppies were stillborn? \_\_\_\_\_
3. Of all live births, how many survived to weaning? \_\_\_\_\_  
*If zero, proceed to question 4 – caesarian sections.*  
Of the pups alive which did not survive to weaning, how many were:
- \_\_\_\_\_ Runts
  - \_\_\_\_\_ Cleft Palate
  - \_\_\_\_\_ Wobblers
  - \_\_\_\_\_ Swimmers
  - \_\_\_\_\_ Fading Puppy
  - \_\_\_\_\_ Damaged by dam (deliberate or accidental)
  - \_\_\_\_\_ Unknown
  - \_\_\_\_\_ Euthanized for other than the above
- d. Did this female ever require Caesarian Section to deliver a litter? Yes No  
*If no, go to question e – reproductive defects/failures.*  
If yes, reason? \_\_\_\_\_  
How many litters were delivered via C-section? \_\_\_\_\_

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- e. Has this female had any of the below reproductive defects or failures?
- Never came into heat (for reasons other than altering)
  - Irregular heats
  - Failure to conceive
  - Abortion
  - Reabsorbtion of fetuses
  - Difficulty whelping
  - Inadequate/no milk production
  - Other \_\_\_\_\_
  - None of the above
- f. Has this female ever exhibited abnormal breeding behaviors? Yes No  
If no, proceed to question g - reproductive/genital disease.
1. Type of behavior:
    - Refused to stand for breeding
    - Failure to clean puppies/open sac
    - Crushing/smothering puppies
    - Attacking/killing her own puppies (under 8 weeks)
    - Ignoring her litter
  2. Once the behavior began did it:
    - Never happen again
    - Happened only once
    - Happen on some litters but not others
    - Happen with every litter
- g. Has this female had any of the following reproductive/genital diseases?
- Vaginal infection
  - Pyometria
  - Herpes
  - Mastitis (infected mammary glands)
  - Metritis (uterine infection)
  - Other \_\_\_\_\_
  - None of the above
- h. Has this female had any other female-specific reproductive disease or defect?  
Yes No  
*If no, go to section 3 - general.*
- i. What was it? \_\_\_\_\_
  - ii. Was it diagnosed by a veterinarian? Yes No
  - iii. Did it result in sterility (for reasons other than altering?) Yes No
3. General (males and females)
- a. Is this dog altered? Yes No  
If no, proceed to question b - hermaphrodites.  
If yes, reason for altering:
    - Not breeding quality
    - Did not want an intact animal
    - Medical reason \_\_\_\_\_
    - Behavioral reason \_\_\_\_\_
    - Unknown
    - Other \_\_\_\_\_
  - b. Is this dog a hermaphrodite? Yes No  
*If no, proceed to item c – other.*
    - i. At what age did you notice the abnormal genitalia? \_\_\_\_\_
    - ii. Was the condition diagnosed by a veterinarian? Yes No
    - iii. Were tests done to determine a cause? Yes NoIf yes, results? \_\_\_\_\_
  - c. Does this dog have any other non-gender-specific reproductive abnormality or disease?  
Yes No  
*If no, proceed to the section Q - cancer.*

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- iv. What is the name of the condition? \_\_\_\_\_  
v. Was it diagnosed by a veterinarian? Yes No  
vi. Were tests done to determine a cause? Yes No  
If yes, results? \_\_\_\_\_

Q. Cancer

1. Has your dog ever had cancer? Yes No  
If no, proceed to section R – behavior/temperament.
2. Indicate what type of cancer:
  - Hemangiosarcoma
  - Lymphoma
  - Mammary
  - Mast Cell
  - Osteosarcoma
  - Soft Tissue Carcinoma
  - Squamous Cell Carcinoma
  - Basal Cell Carcinoma
  - Generalized cancer
  - Unknown
  - Other \_\_\_\_\_
3. Did you enter this dog in the 2006-7 ASHGI Breed Cancer Survey? Yes No  
If no, would you be willing to fill our ASHGI's cancer questionnaire? Yes No  
*NOTE: If you mark "yes" we will send you a copy of the questionnaire.*
4. Was the dog's cancer diagnosed by a veterinarian? Yes No
  - a. What test(s) were used? \_\_\_\_\_
  - b. Did the dog receive chemotherapy? Yes No  
If yes, did the dog respond positively to chemotherapy? Yes No
5. If you have not already done so, would you like to submit samples and/or data from your
6. Cancer-affected dog to the North Carolina State University study? Yes No  
*NOTE: If you mark "yes" we will contact you to make arrangements.*

R. Behavior and Temperament

1. Has this dog bitten people or other dogs? Yes No  
*If no, proceed to question 2 – separation anxiety.*  
I If yes, how many total bites inflicted on:
  - Humans: 0 1 2 3 4 5 >5  
How many of these broke the skin: 0 1 2 3 4 5 >5
  - Other dogs? 0 1 2 3 4 5 >5  
How many of these broke the skin? 0 1 2 3 4 5 >5
2. Does this dog have separation anxiety (destructive behavior or inappropriate elimination or vocalizations when owner not accessible to the dog or absent) Yes No
3. Does this dog exhibit noise phobia (nervous or destructive behavior, inappropriate elimination or vocalizations, hiding, freezing, escape attempts, or excessive panting or salivation during noise events.)  
Yes No  
*If no, proceed to question 4 – stereotypic/ritualistic behavior.*

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- a. Indicate the types of events to which the dog reacts (check all that apply):
- Thunderstorms
  - Fireworks
  - Gunfire
  - Other \_\_\_\_\_
- b. Does your dog exhibit phobic behavior to situations other than sounds?  
 Yes  No  
What situations: \_\_\_\_\_
4. Does this dog exhibit any stereotypic or ritualistic behavior?  Yes  No  
*If no, proceed to question 5 – shy/fearful .*
- a. Check all behaviors exhibited by this dog:
- Excessive grooming, including chewing, biting, licking, plucking, barbering and sucking.
  - Hallucinatory behavior, including staring, tracking, attacking, Invisible prey
  - Consumptive, including eating rocks, dirt or other objects, chewing or sucking wool or other fabric, excessive licking or gulping air.
  - Locomotory, including circling, tail-chasing, freezing or scratching
  - Vocalization, including rhythmic or excessive barking, excessive howling or inappropriate growling
  - Other \_\_\_\_\_
- b. Can you stop these behavior by calling the dog or using physical restraint?  Yes  No
5. Does this dog exhibit shyness or fearfulness?  Yes  No  
*If no, proceed to question 6 - relatives.*  
Please indicate who the dog reacts this way too. (Mark all that apply.)
- Men
  - Women
  - Adolescents
  - Children
  - Strangers
  - Strange dogs
  - Other \_\_\_\_\_
6. Have any of the dog's relatives exhibited the same or similar behaviors?  Yes  No
7. If your dog has not participated in the Canine Behavioral Genetics Research Project being conducted by the University of Pennsylvania and the University of California – San Francisco:
- a. Would you be willing to complete and submit to them their study questionnaire?  Yes  No
- b. If your dog is still living, would you be willing to submit a blood sample?  Yes  No
- NOTE: If you answered "Yes" to either of these questions, we will put you in contact with the researchers to make arrangements.*

**S. Other Health Issues**

Do you want to report any additional health conditions?  Yes  No  
*If no, proceed to section IV – breeding history.*

1. Name of condition \_\_\_\_\_
2. Age at diagnosis: \_\_\_\_\_
3. Diagnosed by a veterinarian?  Yes  No

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4. Were lab tests done to confirm the diagnosis?  Yes  No

If yes, what test(s) \_\_\_\_\_

*If you have any other additional health condition to report, please note the above information on the back of this sheet.*

**IV. Breeding History**

**A. Has this dog ever produced a litter?**  Yes  No

If no, proceed to Section V – research participation.

**B. Has this dog produced one or more offspring with skeletal diseases or defects?**

Yes  No  Don't Know

*If no or don't know, proceed to section C – dental faults.*

If yes, click any of the conditions below which the dog has produced:

- Hip dysplasia
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Elbow dysplasia
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Osteochondritis Desicans (OCD) in a joint other than the elbow
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Transitional Vertebrae
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Hemivertebrae
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Arthritis
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Cruciate ligament problems
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Patellar luxation
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Spondylosis
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Kinked tails
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

**C. Has this dog produced one or more offspring with dental faults?**  Yes  No  Don't Know

*If no, proceed to section D - deafness.*

If yes, click any of the conditions below which the dog has produced:

- Missing teeth
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Extra teeth
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

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- Overbite
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Underbite
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Wry bite
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

**D. Has this dog produced one or more offspring that were deaf?**    Yes    No    Don't Know

*If no, proceed to section E - eyes.*

- 1. If yes, were some or all homozygous (double) merles?    Yes    No    Don't Know
- 2. If any were not homozygous merle, was cause of deafness determined?  
 Yes    No    Don't Know   If yes, what? \_\_\_\_\_
- 3. How many offspring were deaf? \_\_\_\_\_
- 4. From how many different mates? \_\_\_\_\_

**E. Has this dog produced one or more offspring with eye problems?**    Yes    No    Don't Know

*If no, proceed to section F – endocrine disease.*

If yes, click any of the conditions below which the dog has produced:

- Distichiasis
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Iris coloboma
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Persistent pupillary membrane
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Cataract
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
  - 3. Was genetic (DNA test) status determined on any offspring?  
 Yes    No    Don't Know
  - 4. If yes, how many were had one copy of the mutation? \_\_\_\_\_ Two copies? \_\_\_\_\_
- Collie eye anomaly
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
  - 3. Was genetic (DNA test) status determined on any offspring?  
 Yes    No    Don't Know
  - 4. If yes, how many were Mutant/Mutant? \_\_\_\_\_ Mutant/Normal? \_\_\_\_\_
- Progressive retinal atrophy
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
  - 3. Was genetic (DNA test) status determined on any offspring?  
 Yes    No    Don't Know
  - 4. If yes, how many were Mutant/Mutant? \_\_\_\_\_ Mutant/Normal? \_\_\_\_\_

**F. Has this dog produced one or more offspring with endocrine (glandular) disease, not including diseases of the sex glands?**    Yes    No    Don't Know

*If no, proceed to section G - gastrointestinal.*

If yes, click any of the conditions below which the dog has produced:

- thyroid disease
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

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- Addison's Disease
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Cushing's Disease
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Diabetes
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

**G. Has this dog produced one or more offspring with gastrointestinal diseases or defects?**

- Yes  No  Don't Know

*If no, proceed to section H - blood.*

If yes, click any of the conditions below which the dog has produced:

- Hernia
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Inflammatory bowel disease
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Megaesophagus
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Food intolerance
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Chronic Diarrhea
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Recurrent vomiting
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Cobalamin (Vit. B<sup>12</sup>) malabsorption
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
  - 3. Was genetic (DNA test) status determined on any offspring?  
 Yes  No  Don't Know
  - 4. If yes, how many were Mutant/Mutant? \_\_\_\_\_ Mutant/Normal? \_\_\_\_\_

**H. Has this dog produced one or more offspring with blood disorders?  Yes  No  Don't Know**

*If no, proceed to section I - heart.*

If yes, click any of the conditions below which the dog has produced:

- Hemophilia A
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Hemophilia B (Christmas Disease)
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Pelger- Huët Anomaly
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Idiopathic thrombocytopenic purpura/Thrombocytopenia
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- vonWillebrand's disease
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

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I. Has this dog produced one or more offspring with heart disease or defects?

Yes  No  Don't Know

*If no, proceed to section J – liver shunt.*

If yes, click any of the conditions below which the dog has produced:

- Patent ductus arteriosus
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Persistent Right Aortic Arch
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Sub-artic stenosis
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Ventricular septal defect
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Heart murmur not due to any of the above
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

J. Has this dog produced one or more offspring with portosystemic (liver) shunt?

Yes  No  Don't Know

*If no, proceed to section K - skin.*

1. How many offspring were affected? \_\_\_\_\_
2. From how many different mates? ----
3. How many of the diagnoses were confirmed surgically? \_\_\_\_\_
4. Were any of the affected tested for cobalamin (Vitamin B12) malabsorption?

Yes  No  Don't Know

If yes, how many were

- i. Mutant/Mutant \_\_\_\_\_
- ii. Normal/Mutant \_\_\_\_\_
- iii. Normal/Normal \_\_\_\_\_

K. Has this dog produced one or more offspring with skin problems?  Yes  No  Don't Know

*If no, proceed to section L - neurological.*

If yes, click any of the conditions below which the dog has produced:

- Anal gland infection
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Demodex mange
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Dermatomyositis
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Pemphigus
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Sebaceous tumors/cysts
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

L. Has this dog produced one or more offspring with neurological disease?  Yes  No  Don't Know

*If no, proceed to section M - respiratory.*

If yes, click any of the conditions below which the dog has produced:

- Epilepsy
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

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- Myasthenia gravis
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Muscular dystrophy
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Neuronal Ceroid Lipofuscinosis
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Rear end tremor
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

**M. Has this dog produced one or more offspring with respiratory disease?**  Yes  No  Don't Know

*If no, proceed to section N - reproduction.*

If yes, click any of the conditions below which the dog has produced:

- Abnormal bark
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Laryngeal paralysis
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

**N. Has this dog produced one or more offspring with reproductive problems?**  Yes  No  Don't Know

*If no, proceed to section O - cancer.*

If yes, click any of the conditions below which the dog has produced:

Male offspring:

- Impotence (no interest in breeding)
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Prostate Disease
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Retained Testicles
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Sterile
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Testicular Atrophy
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Unwilling or unable to breed
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

Female offspring:

- Abnormal breeding behavior
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Abnormal heat cycles
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Caesarian Section required
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Failed to conceive
  - 1 How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

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- Had litters of 4 or fewer puppies
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Heat cycles started after 1 year of age
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Herpes
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Mastitis
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Metritis (urinary infection)
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Pyometria
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Vaginal infection
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

Any offspring

- Hermaphrodite
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

- O. Has this dog produced one or more offspring with cancer?**    Yes    No    Don't Know

*If no, proceed to section P – immune mediated disease.*

If yes, click any of the conditions below which the dog has produced:

- Hemangiosarcoma
- Lymphoma
- Mammary
- Mast Cell
- Osteosarcoma
- Soft Tissue Carcinoma
- Squamous Cell Carcinoma
- Basal Cell Carcinoma
- Generalized cancer
- Cancer, type not known

- P. Has this dog produced one or more offspring with immune mediated diseases not previously listed?**

Yes    No    Don't Know

*If no, proceed to section Q – behavior/temperament.*

1. If yes, what disease(s) \_\_\_\_\_
2. How many offspring? \_\_\_\_\_
3. From how many different mates? \_\_\_\_\_

- Q. Has this dog produced one or more offspring with significant behavioral or temperament problems?**

Yes    No    Don't Know

*If no, proceed to section R - tails.*

If yes, click any of the conditions below which the dog has produced:

- Biting people or other dogs
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Separation anxiety (destructive behavior or inappropriate elimination or vocalizations when owner is not accessible to the dog or absent)
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

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- Noise phobia (nervous or destructive behavior, inappropriate elimination or vocalizations, hiding, freezing, escape attempts, or excessive panting or salivation during noise events.)
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Shyness or fearfulness toward people or other dogs
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_
- Stereotypic or ritualistic behavior (Excessive grooming, hallucinatory behavior, eating consumptive behavior – eating, chewing, sucking or licking inappropriate objects or gulping air, locomotory – circling, tail-chasing, freezing or scratching, or rhythmic, excessive or inappropriate vocalization.)
  - 1. How many offspring? \_\_\_\_\_
  - 2. From how many different mates? \_\_\_\_\_

**R. Has this dog produced one or more offspring that did not have full length tails?**

Yes  No  Don't Know

*If no, proceed to section S – tail type.*

1. If yes, of those how many how many had
  - $\frac{3}{4}$  length \_\_\_\_\_
  - $\frac{1}{2}$  length \_\_\_\_\_
  - $\frac{1}{4}$  length \_\_\_\_\_
  - Very short \_\_\_\_\_
  - Absent \_\_\_\_\_
2. With how many mates did it produce puppies with tails that were not full length? \_\_\_\_\_
3. How many of those mates do you know had less than full length tails? \_\_\_\_\_
4. How many of the offspring with less than full length tails required euthanasia due to severe birth defects?  
\_\_\_\_\_

**S. Has your dog produced one or more offspring which had long tails that were left undocked?**

Yes  No  Don't Know

*If no, proceed to section T - other.*

1. If yes, indicate offsprings' typical tail carriage(s) when relaxed (check all that apply)
  - Low
  - Slightly below topline
  - Level with topline
  - Above topline
  - Over the back
2. Indicate offsprings' tail type(s) (check all that apply) [pictures]
  - Straight
  - Slightly curved
  - Strongly curved
  - Curled
3. Indicate offspring's tail feathering type(s) (check all that apply) [pictures]
  - None
  - More profuse at base and shortening toward tip
  - Equally profuse from base to tip

**T. Has your dog produced one or more offspring with other health conditions which you would like to report?**  Yes

No  Don't Know

If yes, indicate what condition (s), how many offspring and with how many mates those offspring were produced, as follows: Condition-9-9

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