



Dear Keeshond Owner:

The following survey is designed to identify the incidence of diseases within our breed. It is intended to provide an estimation of frequency of numbers. It is not designed to identify any particular line or dog. The purpose of this survey is to help the Keeshond Club of America better prioritize its research and funding goals, as well as to identify disease trends before they become widespread.

Each survey form can report on one or two dogs. You may copy the survey as necessary or download additional copies at www.keeshond.org. This survey may be used by **any** Keeshond owner to report health information, as long as it represents a purebred Keeshond. If you are a breeder and have placed a dog in another home, please contact the owner to inquire whether they will be submitting their dog's information or if you should include it with your own. If you purchased your dog from a breeder and they are aware of your dog's health status, please ask them if they will be including your dog with their submission information.

Please include any dog that lived in your household on January 1, 2000 to present, whether currently alive or deceased. For example, if you owned a 13 year old Keeshond on January 1, 2000 and it died on January 3, 2000, it would be included. If you currently own a 6 month old puppy, it would also be included. Include all dogs, whether they have health issues or are completely healthy.

Please mark the boxes on the left side of the column to indicate the most specific diagnosis possible. For example, if your dog died of cancer, please mark the organ affected (intestinal), and if you know the type of cancer (adenocarcinoma), please mark that box as well. Some areas have multiple boxes under a heading, such as seizures. This is because it represents an area of high interest to the breed club. You may mark several boxes to provide as much information as possible, for example: Seizures - diagnosis - age of onset. Then write in the age of the dog (in years) when the disease first occurred.

	Dog 1	Dog 2
<input checked="" type="checkbox"/> Intestinal		
<input checked="" type="checkbox"/> Adenocarcinoma	7	
<input type="checkbox"/> Lymphoma		

Please return the completed survey by October 1, 2010 to:

KEESHOND CLUB OF AMERICA
 PO BOX 8217
 ST. PAUL MN 55108-8217

Your participation is greatly appreciated.

Sincerely,
 Tawn Sinclair
 Health Committee Chair

Health Committee

Kris Arnds, Beth Blankenship, Cathy Bosnic, Kristen Cullen DVM, Kathy Easter, Carolyn Schaldecker, Tawn Sinclair, Holly Wisner

A Parent Club Member of the American Kennel Club

KEESHOND CLUB OF AMERICA – BREED HEALTH SURVEY

How long have you owned Keeshonden? 0-5 years 6-10 years 6-10 years 11-15 years 16-25 years 26+ years

What is your involvement level in the breed? Breeder Pet owner Show/performance events

Average number of litters bred per year? 0-1 2-4 5+

List the sizes of your last 10 litters, if applicable: _____

DISEASE	Age at Onset	
	Dog 1	Dog 2
CANCER		
<input type="checkbox"/> Skin		
<input type="checkbox"/> Mast		
<input type="checkbox"/> Melanoma		
<input type="checkbox"/> Nasal		
<input type="checkbox"/> Adenocarcinoma		
<input type="checkbox"/> Squamous Cell Carcinoma		
<input type="checkbox"/> Lymphosarcoma		
<input type="checkbox"/> Oral		
<input type="checkbox"/> Melanoma		
<input type="checkbox"/> Squamous Cell Carcinoma		
<input type="checkbox"/> Fibrosarcoma		
<input type="checkbox"/> Lung		
<input type="checkbox"/> Stomach		
<input type="checkbox"/> Intestinal		
<input type="checkbox"/> Adenocarcinoma		
<input type="checkbox"/> Lymphoma		
<input type="checkbox"/> Pancreatic		
<input type="checkbox"/> Bladder		
<input type="checkbox"/> Transitional Cell Carcinoma		
<input type="checkbox"/> Prostate		
<input type="checkbox"/> Testicular		
<input type="checkbox"/> Mammary		
<input type="checkbox"/> Benign		
<input type="checkbox"/> Carcinoma (malignant)		
<input type="checkbox"/> Osteosarcoma		
<input type="checkbox"/> Lymphosarcoma		
<input type="checkbox"/> Leukemia		
<input type="checkbox"/> Brain		
<input type="checkbox"/> Other _____		
IMMUNE SYSTEM/HEMATOLOGIC		
<input type="checkbox"/> Autoimmune Hemolytic Anemia		
<input type="checkbox"/> Immune Mediated Thrombocytopenia		
<input type="checkbox"/> Immune Mediated Arthritis		
<input type="checkbox"/> Lupus		
<input type="checkbox"/> Pemphigus		
<input type="checkbox"/> Von Willebrand's		
<input type="checkbox"/> Hemophilia		
<input type="checkbox"/> Other _____		

DISEASE	Age at Onset	
	Dog 1	Dog 2
GENITOURINARY SYSTEM		
<input type="checkbox"/> Renal Failure		
<input type="checkbox"/> Cause Unknown		
<input type="checkbox"/> Infection Related		
<input type="checkbox"/> Lyme		
<input type="checkbox"/> Leptospirosis		
<input type="checkbox"/> Protein Losing Nephropathy (PLN)		
<input type="checkbox"/> Glomerulonephritis		
<input type="checkbox"/> Cystic Calculi (Bladder stones)		
<input type="checkbox"/> Incontinence		
<input type="checkbox"/> Other _____		
CARDIO/VASCULAR/RESPIRATORY SYSTEM		
<input type="checkbox"/> Congestive Heart Failure		
<input type="checkbox"/> Mitral Valve Disease		
<input type="checkbox"/> Patent Ductus Arteriosus		
<input type="checkbox"/> Tetralogy of Fallot		
<input type="checkbox"/> Ventricular Septal Defect		
<input type="checkbox"/> Pulmonic Stenosis		
<input type="checkbox"/> Aortic Stenosis		
<input type="checkbox"/> Dilated Cardiomyopathy		
<input type="checkbox"/> Undiagnosed Murmur		
<input type="checkbox"/> Resolved with age (puppy)		
<input type="checkbox"/> Did not resolve		
<input type="checkbox"/> Developed with age (geriatric)		
<input type="checkbox"/> Bronchitis		
<input type="checkbox"/> Tracheal Collapse		
<input type="checkbox"/> Laryngeal Paralysis		
<input type="checkbox"/> Other _____		
ABDOMINAL ORGANS		
<input type="checkbox"/> Portosystemic shunt		
<input type="checkbox"/> Copper Toxicosis		
<input type="checkbox"/> Liver Failure (Undiagnosed cause)		
<input type="checkbox"/> Inflammatory Bowel Disease (IBD)		
<input type="checkbox"/> Other _____		
SPECIAL SENSES		
<input type="checkbox"/> Deafness		
<input type="checkbox"/> Retinal disease/atrophy		
<input type="checkbox"/> Cataracts		
<input type="checkbox"/> Juvenile		

DISEASE	Age at Onset	
	Dog 1	Dog 2
SPECIAL SENSES Cataracts continued		
<input type="checkbox"/> Adult Onset		
<input type="checkbox"/> Progressive		
<input type="checkbox"/> Punctate		
<input type="checkbox"/> Prominent Suture		
<input type="checkbox"/> Distichiasis/Trichiasis		
<input type="checkbox"/> Entropion		
<input type="checkbox"/> Epiphora (tearing)		
<input type="checkbox"/> Other _____		
MUSCULOSKELETAL SYSTEM		
<input type="checkbox"/> Elbow Dysplasia		
<input type="checkbox"/> Hip Dysplasia		
<input type="checkbox"/> Luxating patella		
<input type="checkbox"/> Vertebral malformation		
<input type="checkbox"/> Panosteitis		
<input type="checkbox"/> Hypertrophic Osteodystrophy (HOD)		
<input type="checkbox"/> Other _____		
ENDOCRINE SYSTEM		
<input type="checkbox"/> Hypothyroidism		
<input type="checkbox"/> Primary Hyperparathyroidism		
<input type="checkbox"/> Tested Gene Positive		
<input type="checkbox"/> Diagnosis of PHPT		
<input type="checkbox"/> Not as yet diagnosed		
<input type="checkbox"/> Tested Gene Negative		
<input type="checkbox"/> Negative by Descent		
<input type="checkbox"/> Untested, gene status unknown		
<input type="checkbox"/> Diabetes Mellitus		
<input type="checkbox"/> Diabetes Insipidus		
<input type="checkbox"/> Pancreatic Insufficiency		
<input type="checkbox"/> Hypoadrenocorticism (Addison's)		
<input type="checkbox"/> Hyperadrenocorticism (Cushing's)		
<input type="checkbox"/> Pheochromocytoma (Adrenal tumor)		
<input type="checkbox"/> Other _____		
INTEGUMENT		
<input type="checkbox"/> Atopy		
<input type="checkbox"/> Flea allergies		
<input type="checkbox"/> Dermatitis		
<input type="checkbox"/> Ear infections		
<input type="checkbox"/> Alopecia		
<input type="checkbox"/> Cleft Lip		
<input type="checkbox"/> Cleft Palate		
<input type="checkbox"/> Other _____		
NEUROLOGIC		
<input type="checkbox"/> Seizures		
<input type="checkbox"/> Idiopathic Epilepsy		
<input type="checkbox"/> Trauma		
<input type="checkbox"/> Infection		

DISEASE	Age at Onset	
	Dog 1	Dog 2
NEUROLOGIC Seizures continued		
<input type="checkbox"/> Toxin		
<input type="checkbox"/> Unknown/Other _____		
<input type="checkbox"/> Age at onset		
<input type="checkbox"/> 0-8 weeks		
<input type="checkbox"/> 2-12 months		
<input type="checkbox"/> 1-5 years		
<input type="checkbox"/> 5-8 years		
<input type="checkbox"/> 8+ years		
<input type="checkbox"/> Meningitis		
<input type="checkbox"/> Intervertebral Disk Disease		
<input type="checkbox"/> Fibrocartilaginous Embolism		
<input type="checkbox"/> Granulomatous Meningoencephalitis		
<input type="checkbox"/> Spina Bifida		
<input type="checkbox"/> Hydrocephalus		
<input type="checkbox"/> Other _____		
REPRODUCTIVE		
<input type="checkbox"/> Prostatitis		
<input type="checkbox"/> Pyometra		
<input type="checkbox"/> Vaginitis		
<input type="checkbox"/> Mastitis		
<input type="checkbox"/> Uterine Inertia		
<input type="checkbox"/> Fetal Resorption		
<input type="checkbox"/> Infertility		
<input type="checkbox"/> Male		
<input type="checkbox"/> Female		
<input type="checkbox"/> Other _____		
DENTITION		
<input type="checkbox"/> Underbite		
<input type="checkbox"/> Overbite		
<input type="checkbox"/> Missing teeth		
<input type="checkbox"/> Extra teeth		
<input type="checkbox"/> Misaligned teeth		
<input type="checkbox"/> Other _____		
COLOR		
<input type="checkbox"/> White		
<input type="checkbox"/> Black		
<input type="checkbox"/> Atypical Markings		
HEALTHY		
<input type="checkbox"/> Dog has had no health issues to date		
LONGEVITY		
If alive, age of dog at time of survey?		
If deceased, age of dog at time of death?		
SEX/REPRODUCTIVE STATUS		
Male or Female?		
If neutered or spayed, at what age?		