

**ENGLISH SHEPHERD CLUB REGISTRY  
HEALTH QUESTIONNAIRE**

By completing and submitting this form, you are agreeing to allow the inclusion of the data in the database and to hold the ESCR harmless from any disclosure of information.

**Name/Contact information:** \_\_\_\_\_

**Date Questionnaire Completed/Submitted:** \_\_\_\_\_

**Name of Dog:** \_\_\_\_\_

**ESCR # or name of Sire & Dam:** \_\_\_\_\_

**Dog's DOB:** \_\_\_\_\_ **Alive:** Yes  No  **Date of Death:** \_\_\_\_\_

**Cause of Death:** \_\_\_\_\_

Information that a dog has not been diagnosed with a problem is as significant as information about a diagnosed health condition so please fully complete the questionnaire below. If you have other information about your dog's health, please add that information to the Section "Other Information" along with the age of the dog at diagnosis or other specifics. This would include a condition that was not diagnosed through testing, etc. but which responded to treatment (for example, ear infections or skin condition which improved or resolved with a change in diet) or when a veterinarian believes a condition existed but which can only be proven with specialized testing or a necropsy. Finally, if the dog has been tested for genetic disorders, screened for orthopedic issues or has a DNA profile on record, please provide a copy of the results with your response.

**Neurological: Epilepsy** Yes  No  Age Dx: \_\_\_\_\_

**Ideopathic (unknown cause) seizures** Yes  No  Age Dx: \_\_\_\_\_

**Eyes: CEA** Clear  Affected  Carrier  Not tested  **Cataracts** Yes  No  Age Dx: \_\_\_\_\_

**PRA** Clear  Affected  Carrier  Not tested  **Glaucoma** Yes  No  Age Dx: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Allergies: Environmental** (pollen, grasses, etc.) Yes  No  Age Dx: \_\_\_\_\_

**Food** Yes  No  Type: \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Drug** Yes  No  Type: \_\_\_\_\_

**MDRI Status:** mutant/mutant  mutant/normal  normal/normal  Not tested

**Respiratory:** Diagnosis: \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Cardiovascular:** Heart murmur Yes  No  Age Dx: \_\_\_\_\_ Dilated Cardiomyopathy: Yes  No

Age Dx: \_\_\_\_\_ Other Diagnosis: \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Endocrine:** Diabetes Yes  No  Age Dx: \_\_\_\_\_ Hypothyroid Yes  No  Age Dx: \_\_\_\_\_

Cushings' Disease Yes  No  Age Dx: \_\_\_\_\_ Other Diagnosis: \_\_\_\_\_

Age Dx: \_\_\_\_\_

**Gastrointestinal** (includes stomach, liver, spleen, pancreas): Diagnosis: \_\_\_\_\_

Age Dx: \_\_\_\_\_

**Genitourinary:** Intact Yes  No  If no; age at spay/neuter \_\_\_\_\_ Mammary Tumors Yes  No   
Age Dx: \_\_\_\_\_ Prostate Cancer Yes  No  Age Dx: \_\_\_\_\_ Hernia Yes  No  Type: \_\_\_\_\_  
Age Dx: \_\_\_\_\_ Kidney Disease: Yes  No  Type: \_\_\_\_\_ Age Dx: \_\_\_\_\_  
Other Diagnosis: \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Hematological** (diseases of blood, including hemangiosarcoma and multiple myeloma): Diagnosis: \_\_\_\_\_  
Age Dx: \_\_\_\_\_

**Integumentary** (diseases of the skin): Diagnosis: \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Musculoskeletal:** Hips: Dysplastic Yes  No  Not Tested   
Elbows: Normal Yes  No  Not Tested   
Osteosarcoma Yes  No  Age Dx: \_\_\_\_\_ Orthopedic Injury: Type \_\_\_\_\_ Age Dx: \_\_\_\_\_

**Cancers or other health conditions not specified above:** Diagnosis: \_\_\_\_\_  
Age Dx: \_\_\_\_\_

**Other Information** (please provide any other information about your dog's health not mentioned above, or to clarify your answers above): \_\_\_\_\_  
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*Please provide copies of all genetic testing and health screening (hips, etc.) The information collected through this survey will be available through the ESC Registry Database and will provide both breeders and owners of English Shepherds valuable information to help conserve this breed. Collection of this information is not intended to denigrate any breeder or dogs and should not be used by anyone for such purposes. It is important to acknowledge that health issues exist in English Shepherds and being aware of what issues may exist in this breed will assist both breeders in making educated decisions with breeding practices as well as helping owners recognize potential health problems in their beloved dogs. Your cooperation in participating in this survey is greatly appreciated.*

**Please return completed surveys to:**  
**registrar@esc-registry.org**  
**or mail to:**  
**Rebecca Wingler, Registrar**  
**1904 Transit Trail / Apex, NC 27502**