

IMPORTANT: To work correctly, please use Adobe Acrobat Reader 7 or higher. Today, many web browser will require you to SAVE form to computer before fillable features are available. After completed, you must SAVE.

PBGVCA Clinical Health Information Form

When your dog is not feeling well, your veterinarian will often run various tests to diagnose the problem. What we are looking for is the results or final clinical diagnoses when a condition was first confirmed. This can include major health problems such as epilepsy, vestibular disease, congestive heart failures, various cancers, Cushing's, Addison's, chronic irritable bowel syndrome, pancreatitis, leukemia, tumors, patella luxation (dislocated knee cap), POAG, lens luxation, vaginal abnormality, stones, etc. With your veterinarian's help, please complete this form and include any relevant information provided by your veterinarian. If you have more than one **NEW** diagnosed condition for same dog, please print another form for each and include call name in Dog Info section. For the initial form, please include as much dog information as is known.

DOG INFO

Registration Name (if known):

Registration or Litter No. (if known):

Sire (father):

Dam (mother):

Call name: *

Owner's Name(s) & Address: *

Breeder's Name(s) & Address:

Sex: * *Male* *Female*

Has the dog been altered? * *Intact* *Spayed* *Neutered*

If altered, what date?

Date of Birth (if you do not know full date, just chose year and a random month/day):

Have you submitted your dog's DNA to the OFA/CHIC DNA Repository? * *(The CHIC DNA Repository, co-sponsored by the Orthopedic Foundation for Animals (OFA) and the AKC Canine Health Foundation (AKC CHF), collects and stores canine DNA samples along with corresponding pedigree and health history information to facilitate future research and testing aimed at reducing the incidence of inherited disease in dogs.)*

Yes No

CLINICAL HEALTH INFORMATION

Enter single diagnosed condition. If you have more than one NEW diagnosed condition for same dog, please print another form for each and include call name in Dog Info section. For the initial form, please include as much known dog information.

Enter Veterinarian Information: *

Vet Name:

Name/Location of Vet Hospital:

Enter date of final diagnosis: *

Enter age when diagnosed: * *Less than 1 year* *1-5 Years* *6-10 Years* *Greater than 10 Years*

1. Clinical Diagnosis * *(Vet Description: This can include major health problems such as epilepsy, vestibular disease, congestive heart failure, various cancers, Cushing's, Addison's, chronic irritable bowel syndrome, pancreatitis, leukemia, tumors, patella luxation (dislocated knee cap), POAG, lens luxation, vaginal abnormality, stones, etc.):*

2. What **primary body part (organ) was affected? *** *(e.g., heart, skin, thyroid, stomach, blood vessels, liver, bones, brain, eye, lungs, genital organs) If unknown, say "unknown"*

3. How the organ was affected; * *the Primary mechanism or means that led to the condition? As example: was condition present at or before birth; did organ degenerate over time; was it an infection; inflamed; a nutritional deficiency; cancer, poison; an accident or trauma; blood clot? If unknown, say "unknown".*

Was the dog Euthanized? * Yes No

Date of Death?

ENTER YOUR INFORMATION *:

Name of Person Submitting

Address:

Email:

By checking this box, my dog's diagnosis will NOT be included within its public pedigree record on PBGVCA.

Once completed, please either send via email or US mail to: Helen Ingher, Chair of Health Committee
6817 Plumpjack Court, Port Orange, FL 33128, pbgv5@icloud.com

Thank you for your participation!

Click button to reset entire form: