

Health Survey form for THE NORTHERN BORDER TERRIER CLUB

It is important to fill in a form for each dog even if it is a healthy dog without any problems.

Healthy specimens are needed to be reported and logged too.

Equally an update for each dog as the years go by is important also.

The provision of the following data is optional but highly recommended. (It will be kept completely confidential).

Registered Name of dog.....

Pet name.....

DOB.....

SEX.....

Colour.....

Registration No.....

Sire.....

Dam.....

Name of Owner.....

Address.....

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Tel Number..... Fax number.....

Email.....

The following data is required in all cases (please circle the correct answer where relevant):

Dog's pet name..... Date report made.....

DOB..... Entire/Neutered

Sex: M/F

Q1 is your dog vaccinated: regularly
Occasionally
Never

Last vaccination date..... Vaccine brand.....

Q2 is your dog generally: healthy/ not healthy

Q3 does your dog receive regular medication to prevent parasites (e.g. Fleas and worms?)

Yes/no

If yes what medication and how often?

Medication..... Frequency.....

Q4 has your dog, or has it had, any obvious defects? (if no go on to Q5)

Yes/no

Q4a What type of defect?:

Teeth or mouth (please describe.....)

.....)

Undescended testicles one/both

Kinked tail

Deafness

Blindness

Other

(please describe).....

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Q5 has your dog any chronic problem that is distressing or affects its health or welfare (if no go to Q6)

Yes/no

Q5a Please briefly describe the problem (attach separate sheet or papers if necessary) - If your vet has given a diagnosis please state what it is

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Veterinary Diagnosis.....

Q5b is your dog on long term medication for this condition?

Yes/no

Q6 Has your dog ever required surgery? (other than routine neutering). (if no go to Q7)

Yes/no

Q6a what was the reason?.....

Q6b was the surgery successful? Yes/No/partially

Q6C is there any long-term treatment required? Yes/No

If yes please state the treatment.....

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Q7 has your dog any unusual or undesirable Behaviour problems? (if no go to Q8)

Yes/No

Please tick if appropriate:

Aggression

Timid

Poor house training

Destruction

Fits or seizures

Other (please describe)

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Q8 Are there any other problems you wish to remark upon that are not covered by the questions so far?

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Please return this form to:

**Prof Steve Dean BVET MED MRCVS,
Beechwood,
Oakley Green Road,
Oakley Green,
Berks,
SL4 4QF.**