Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573) 875-5073
www.offa.org

Dalmatian Health History Database
Submit completed forms via mail to the address above, by fax to 573-875-5073, or by email to edziuk@offa.org

Previous application number (if any)

Registration number  AKC   CKC   UKC   Other___________

Sex  male   female

Registered name

Color   black   liver   Other_________  Patched  yes   no

DALMATIAN
Breed  Backcross descendant

Eye Color   brown/brown   brown/blue   blue/blue   Other_____

ID number  Tattoo   Microchip   CHIC #

Date of birth (month-day-year)

Owner name

Registration # of sire  registration # of dam

Street address

Co-owner name

City

Owner email

Owner phone

Date of death (month-day-year) ______________

LUA/HUA   LUA heterozygous   LUA homozygous   HUA

Cause of death:  natural / old age   euthanized / old age

 euthanized / health issue (list cause of death) ______________

 euthanized / temperament

 unknown   stillborn

Dog has undergone a:

 urinalysis; date/results ______________

 bladder ultrasound; date/results ______________

 CERF; date/results ______________   results submitted to OFA

 BAER; date/results ______________   results submitted to OFA

 Thyroid; date/results ______________   results submitted to OFA

 Hips; date/results ______________   results submitted to OFA

I hereby state that the information supplied on this form is valid, true, and accurate to the best of my knowledge. I understand the OFA will share aggregate results from the resulting database with the AKC, DCA, or other interested parties, but will not share or disclose specific health details on individual dogs. While individual health results will not be released or disclosed to the public, I understand that this dog’s registration and participation in the database will be in the public domain.

Signature of owner/agent ____________________________ Date ____________________________

Important

Please attach a 3 generation pedigree.

If this dog has been DNA tested for Hyperuricosuria, please attach the resulting lab report. In addition to collecting the survey data on the following page, the OFA will register the Hyperuricosuria test results in the Hyperuricosuria database. There is no fee, the OFA will underwrite registration fees through 6/30/11, and the DCAF will underwrite registration fees from 7/1/11 through 12/31/11.
# Dalmatian Health Survey

Has this dog ever been diagnosed with any of the following health issues?

## Eye Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Distichiasis
  - Progressive Retinal Atrophy (PRA)
  - Entropian/Ectropian
  - Juvenile Cataracts
  - Non Healing Corneal Ulcer
  - Retinal Dysplasia
  - Persistent Pupillary Membrane (PPM)
  - Glaucoma
  - Cherry Eye
  - Senior Cataracts
  - Other

## Congenital Ear Disorders
- [ ] Yes  [ ] No
  - Deafness - Bilateral
  - Deafness – Unilateral Right
  - Deafness – Unilateral Left

## Skin Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Atopic Dermatitis (allergy to inhaled substances)
  - Food/Medicine Allergies
  - Alopecia
  - Autoimmune Skin Disease
  - Systemic Demodectic Mange
  - Sebaceous adenitis
  - Seborrhea
  - Other

## Gastrointestinal Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Pyloric Stenosis
  - Megaesophagus
  - Cleft Palate
  - Chronic Vomiting
  - Chonic Colitis
  - Inflammatory Bowel Disease
  - Other

## Respiratory Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Congenital Tracheal Stenosis (narrow trachea)
  - Stenotic Nares
  - Elongated Soft Palate
  - Laryngeal Paralysis
  - Other

## Orthopedic Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Hip Dysplasia
  - Patellar Luxation
  - Elbow Dysplasia
  - Premature IVD (intervertebral disc degeneration)
  - Vertebral Anomalies
  - Dwarfism
  - HOD
  - Other

## Cardiac Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Vascular Ring (right aortic arch)
  - Subaortic Stenosis
  - Pulmonic Valve Stenosis
  - Persistent Ductus Arteriosus
  - Persistent Foramen Oval
  - Tricuspid Valve Defect
  - Mitral Valve Defect
  - Cardiomyopathy
  - Porto-Systemic Vascular Shunt (Liver Shunt)
  - Other

## Kidney/Urinary Tract Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Bladder/Kidney Stones  Recurring [ ] Yes  [ ] No
  - Type: [ ] urate  [ ] struvite  [ ] other ___  [ ] unknown ______
  - Crystals  Recurring [ ] Yes  [ ] No
  - Type: [ ] urate  [ ] struvite  [ ] other ___  [ ] unknown ______
  - Other

## Blood/Lymph Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Autoimmune Hemolytic Anemia
  - Hemophilia (Type A or B)
  - Idiopathic Thrombocytopenia
  - vonWillebrand’s disease (Symptomatic?)
  - Other

## Endocrine Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Hypothyroid
  - Addison’s disease (adrenal insufficiency)
  - Cushing’s disease (adrenal oversecretion)
  - Diabetes
  - Other

## Reproductive Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Cryptorchid/Monorchid
  - Abnormal Sperm
  - Testicular Atrophy
  - Irregular heat cycle
  - Uterine Inertia
  - Gave birth via c-section
  - Other

## Neurologic Disorders
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Ataxia
  - Epilepsy
  - Caudal Equina Syndrome
  - Degenerative Myelopathy
  - Other

## Cancer/Tumors
- [ ] Yes  [ ] No  Age at onset ___ (yrs)
  - Mast cell tumor
  - Lymphoma
  - Hemangiosarcoma
  - Testicular cancer
  - Prostatic cancer
  - Mammary cancer
  - Osteosarcoma
  - Other

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