



Orthopedic Foundation for Animals  
 2300 E Nifong Blvd, Columbia, MO 65201-3806  
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[www.offa.org](http://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](mailto:edziuk@offa.org)**

Previous application number (if any) \_\_\_\_\_

Registration number  AKC  CKC  UKC  Other \_\_\_\_\_

Sex  male  female  
 Color  black  liver  Other \_\_\_\_\_ Patched  yes  no

Eye Color  brown/brown  brown/blue  blue/blue  Other \_\_\_\_\_

Registered name \_\_\_\_\_

Date of birth (month-day-year) \_\_\_\_\_

**DALMATIAN**

Breed  Backcross descendant

Registration # of sire \_\_\_\_\_ registration # of dam \_\_\_\_\_

ID number  Tattoo  Microchip  CHIC #

Co-owner name \_\_\_\_\_

Owner name \_\_\_\_\_

Owner email \_\_\_\_\_

Street address \_\_\_\_\_

Owner phone \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/postal code \_\_\_\_\_

LUA/HUA  LUA heterozygous  LUA homozygous  HUA  
 unknown

Date of death (month-day-year) \_\_\_\_\_

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)
- Entropion/Ectropion
- 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
- Choric 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 Ovale
- 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 \_\_\_\_\_