



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
 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 _____