

The Australian Cattle Dog Club of America, Inc. and the Australian Cattle Dog Health, Education and Welfare, Inc.
The Australian Cattle Dog -- Comprehensive Breed Health Survey
Advancing the quality of life for all Australian Cattle Dog s

All information entered in this survey is **Confidential**. Please complete one survey for each Australian Cattle Dog that you own, who was alive on January 1, 2001 and who lives primarily with you. Co-owners should decide who has the best knowledge of the conditions of the Australian Cattle Dog they own together, and that one owner should enter the information for the dog once.

ACDCA Member PIN # _____ Non-Member _____

Owner Name _____

Owner Address: _____

Australian Cattle Dog Registration Number: _____

Registry Affiliations (AKC, Canadian Kennel Club, etc): _____

I: General Information

The following section is a general overview of you and your dog.

A. Owner Information

1. How many years have you owned ACD's? 1-5 6-10 yrs 11-20 yrs > 20 yrs
2. How many ACD's currently live with you? 1-5 6-10 11-20 more than 20
3. What are your primary interests in the breed? *(Check all that apply)*
 Breeder Show Herding Other Agility Tracking
 Obedience Search & Rescue Companion/pet Assistance/Therapy
 Other
4. If you breed, how often do you breed?
 One litter every 2 to 5 years
 One litter per year
 2 to 4 litters per year
 more than 4 litters per year

B. Individual Australian Cattle Dog Information

1. ACD's Country of Birth: _____ ACD lives in what country? _____

2. Sex: Male Female Date of Birth: _____

3. Adult ACD's at least two years old: Height: _____ inches _____ OR centimeters _____
Weight: _____ lbs OR kilograms _____

4. Where did you obtain this ACD?
- Bred it myself Established breeder Shelter or Rescue Pet store
 Casual breeder Given to me from a friend/family member Newspaper ad

5. How old was this Australian Cattle Dog when you got it?

- 0 to 6 months ≥6 to 12 months 1 to 4 years 4 to 7 years >7 yrs.

6. Herding Ability: Please give your assessment of this dog's herding ability and the basis for that assessment (trial/ title accomplishments, farm, ranch working ability, etc.)

7. Coat color (*check one*)

- Blue
 Blue Speckled
 Blue Mottled
 Red
 Red Speckled
 Red Mottled
 Other (describe) _____

8. Head markings (*check all that apply*)

- Tan markings on Blue ACD head
 Bentley Mark (white spot)
 Black head markings on a Blue ACD
 Full Mask
 Half Mask
 Red head markings on a Red ACD
 Full Mask
 Half Mask
 Other (describe) _____

9. Body and Tail Markings (*check all that apply*)

- Tan markings on Blue ACD
 Black body spots (describe) _____
 Red body spots (describe) _____
 Black tail spot on Blue ACD
 White banding on Blue ACD
 Red tail spot on Red ACD
 White banding on Red ACD
 Other (describe) _____

10. Eye Color

- Dark Brown—both eyes
 Medium Brown—both eyes
 Light brown—both eyes
 Eyes two different colors (describe) _____
 Other (describe) _____

11. General Health: Excellent Good Fair Poor

If fair or poor at what age did health begin to decline?

- Birth to 6 months
 6 to 12 months

- 1 to 4 years
- 4 to 7 years
- >7 years

II. Environmental Background

The following sections are about the general lifestyle of your dog.

A. Diet

1. Type of food fed. *Check all that apply.*

- Commercial Dry: Brand: _____
- Commercial Canned: Brand: _____
- Home prepared Natural _____
- Commercial Raw: Brand: _____
- Home prepared Raw _____
- Combination Raw/Commercial Dry or Canned: _____
- Table Food (scraps)

2. Supplements

Do you give your dogs supplements regularly? Yes No

If so check all that apply.

Vitamins: Yes No If yes, type/brand: _____

Herbals: Yes No If yes, type/brand: _____

Treats: Homemade Commercial Brand and

B. Housing

1. Where does your Australian Cattle Dog primarily live? (*More than 50% of a day*)

- loose in the house
- loose outside
- outside kennel
- crated in the house
- loose in a fenced yard
- tied to a dog house or garage outside
- loose in garage
- with a show handler
- with a performance training handler
- other: _____

C. Training

1. Australian Cattle Dog has attended obedience classes? Yes No

2. Australian Cattle Dog has formal training in herding? Yes No

3. Australian Cattle Dog has formal training in other performance venues (agility, obedience, etc) Yes No

4. Australian Cattle Dog is trained for the show ring? Yes No

D. Health Maintenance Treatments

Please check any and all of the following treatments used on your Australian Cattle Dog **during the last year**. List all brand names and describe any adverse reactions if applicable.

1. Parasite Control

Flea Preventative: Brand _____ Reactions? Yes No
Describe any reactions: _____

Flea Treatment: Brand _____ Reactions? Yes No
Describe any reactions: _____

Tick Preventative: Brand _____ Reactions? Yes No
Describe any reactions: _____

Tick Treatment: Brand _____ Reactions? Yes No
Describe any reactions: _____

Heartworm Preventative: Brand _____ Reactions? Yes No
Describe any reactions: _____

Heartworm Treatment: Brand _____ Reactions? Yes No
Describe any reactions: _____

Giardia Treatment: Brand _____ Reactions? Yes No
Describe any reactions: _____

Other: Brand _____ Reactions? Yes No
Describe any reactions: _____

2. Vaccinations

a. If you know, was this dog vaccinated as a puppy? Yes No

a. Describe your vaccination schedule for this puppy; age and the type of vaccine used.

b. Have you changed your vaccination protocols/schedule for this Australian Cattle Dog since its birth?

- Yes, I vaccinate MORE often.
- Yes, I vaccinate LESS often.
- Yes, I vaccinate for fewer diseases.
- No, I use the same schedule.
- I no longer vaccinate this dog

d. Please indicate which of the listed vaccinations this Australian Cattle Dog received in its life, and how often. List the vaccine brand.

1. Rabies: Yes No Brand if known: _____
 Every Year Two Year Three Year Based on State Law? Yes No

2. Bordetella: Yes No Brand _____
 Every six months
 Yearly
 Every three years
 >Three years

3. Distemper: Yes No Brand_____

- Every six months
- Yearly
- Every three years
- Three years

4. Parvovirus:
a) Killed Yes No Brand_____

b) Live Yes No Brand_____

5. Leptospirosis: Yes No Brand_____

6. Hepatitis: Yes No
Brand_____

7. Coronavirus: Yes No
Brand_____

8. Lyme's Disease: Yes No
Brand_____

9. Others (specify):_____

Describe any adverse reactions to these vaccinations:

e. Do you use Titrers? (*Antibody measurements via Blood Testing*)

- Yes No If yes, how often?
 - Every year Every two years Every 3-5 years Once in a lifetime
- Lab used: _____

f. Do you use Nosodes (*Homeopathic Vaccinations*)? Yes No

3. Tonsils

- Were this dog's tonsils removed? Yes No
- Because they were inflamed.
- Removed for other reasons.

E. Potential Toxic Exposures

1. Are pesticides regularly used in the living environment of this dog? Yes No

2. List names of brands and type _____

F. Breeding History

1. Has this Australian Cattle Dog ever been bred? Yes No
 Number of Litters: _____

2. Is it neutered/spayed now? Yes No
 a. If so, when? Date neutered: _____
 b. Reason for Neutering _____

3. Was this Australian Cattle Dog ever on birth control medications? Yes No

4. Whelping History (for bitches only)

Litter No.	Month/Year	Sire's AKC#	No. Born Live	No. Stillborn	No. Weaned	No. Euthanized for defects	Natural	C-section	Breeding Code*
1									
2									
3									
4									
5									
6									

Breeding Code: 1=natural, 2=AI-fresh semen, 3=AI-chilled semen, 4=AI-frozen semen, 5=surgical insemination-fresh, 6=surgical insemination –frozen.

Comments:

5. Neonatal Disorders

Please list the **number** of each condition in individual litters.

Neonatal Disorder	Litter1	Litter2	Litter3	Litter4
Total Number in Litter				
Stillborn				
Congenital Abnormalities				
Failure to Thrive				
Birth Trauma				
Death/unknown cause				
Fading				

Cleft Palate				
Cleft Lip				
Cleft Abdomen				
Backwards Legs				

Comments:

6. Deafness in Litters

Details on Deafness	Litter1	Litter2	Litter3	Litter4
Total Number in Litter				
Unilaterally deaf				
Bilaterally deaf				

Comments:

G. Mortality

1. Is this Australian Cattle Dog alive today? Yes No

If not,

a. Date of death _____

b. Age at death: _____

c. Cause of death if known:

Old Age

Accident / trauma Describe how the dog died. _____

Illness

1. Diagnosis if known _____

2. Veterinary confirmed? Yes No

2. Was an autopsy performed? Yes No

3. Was the Australian Cattle Dog euthanized (*life intentionally terminated*)? Yes No

Reason: _____

III. In-Depth Health Questions

The following questions will deal with specific areas of your dog's health. Please answer questions to the best of your knowledge and if the condition was diagnosed by a veterinarian. Select all conditions your Australian Cattle Dog may have encountered.

A. Behavioral Disorders and Temperament

	A problem now?	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Aggressiveness towards humans (Bites, growls unprovoked)	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Springer Rage (Episodic Dyscontrol Syndrome)	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Fearful of people	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Fearful of environmental changes	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Merry/generally outgoing and friendly.	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Excitable	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Active, energetic	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Afraid of children	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Submissive urination as adult (piddling)	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Housebreaking problems	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Noise/Thunderstorm Fears	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Separation Anxiety	<input type="radio"/> Yes <input type="radio"/> No			
<input type="radio"/> Other (Describe below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

B. Skeletal Structure

1. Hips

a. Were Hips ever x-rayed for evaluation?: Yes No

b. If not, please skip remainder of question. If yes proceed,

1. OFA Status:

Normal: Excellent Good Fair
 Indeterminate: Borderline

Dysplasia Degree: Mild Moderate Severe

Findings: _____

2. OFA Prelim Status: Age at prelim: _____

Normal: Excellent Good Fair

Indeterminate: Borderline

Dysplastic: Mild Moderate Severe

Findings: _____

3. PennHIP DI: Left: _____ Right: _____

4. Other Registry (note details, registry name, veterinarian) _____

Status (e.g. 0/2, 10/20): Left: _____ Right: _____

2. Elbows

a. X-ray Screening? Yes No If yes, age when screened: _____
 (If no, please skip remainder of question.)

b. OFA Status:

Normal: Left Right

Dysplasia: (grade and finding) Left: _____ Right: _____

c. OFA Prelim Status: Age when screened: _____

Normal: Left Right

Dysplasia: (grade and finding) Left: _____ Right: _____

Other Registry (note registry/vet/other) _____

Status (unaffected or dysplastic and degree of findings)

Left: _____ Right: _____

C. Skeletal/Orthopedic Conditions

For the following selections, please check all that apply. Where applicable, please indicate how diagnosis was made, whether by lab test (lab), by vet (vet), or by yourself (self). In comments describe any helpful specifics (location of arthritis, treatment or surgeries to correct problem, outcomes, etc)

	Lab	Vet	Self	Age at Diagnosis
<input type="radio"/> Arthritis				
<input type="radio"/> Cleft Lip/				
<input type="radio"/> Cruciate Tear				
<input type="radio"/> Dwarfism				
<input type="radio"/> Hip Dysplasia				
<input type="radio"/> Elbow Dysplasia				
<input type="radio"/> Invertebral Disc Disease				
<input type="radio"/> Kinked Tail				
<input type="radio"/> Legg-Perthes				
<input type="radio"/> Lumbosacral Stenosis (Spinal Stenosis)				
<input type="radio"/> Luxation of the Elbow				
<input type="radio"/> Luxation of the Patella				
<input type="radio"/> Osteochondritis Dissecans				
<input type="radio"/> Overshot Jaw				

<input type="checkbox"/> Undershot Jaw (OCD)				
<input type="checkbox"/> Spondylosis Deformans				
<input type="checkbox"/> Wobbler Syndrome				
<input type="checkbox"/> Backwards Legs at birth				
<input type="checkbox"/> Panosteitis				
<input type="checkbox"/> Other (Describe below):				

Comments (Include information on treatments and outcomes)

D. Eye Diseases

Cataracts

One eye or Both

1. Age at diagnosis:

Birth to 1 year 1 to 2 years 2 to 5 years 5 to 8 years >8 years

2. **First eye** diagnosed age at onset:

Birth to 1 year 1 to 2 years 2 to 5 year 5 to 8 years >8 years

3. If both eyes involved, the age of onset in **second eye**:

Birth to 1 year 1 to 2 years 2 yrs to 5 yrs. 5 to 8 years
 >8 yrs.

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Cherry Eye				
<input type="radio"/> Distichiasis				
<input type="radio"/> Ectopic Cilia				
<input type="radio"/> Ectropion				
<input type="radio"/> Entropion (eyelashes turned in on the eye)				
<input type="radio"/> Imperforate Lachrimal Punctum (Epiphora)				
<input type="radio"/> Macropalpebral Fissure (large eyelid opening/droopy lid)				
<input type="radio"/> Trichiasis (facial hairs in tear film)				
<input type="radio"/> Trichomegaly (long eyelashes)				
<input type="radio"/> Corneal Dystrophy (lipid deposits in eye)				
<input type="radio"/> Corneal Erosion Syndrome (Boxer Ulcers)				
<input type="radio"/> Keratoconjunctivitis Sicca (KCS) (Dry Eyes)				
<input type="radio"/> Glaucoma				
<input type="radio"/> Lens Luxation				
<input type="radio"/> Microphthalmia				
<input type="radio"/> Persistent Pupillary Membranes				
<input type="radio"/> Optic Nerve Hypoplasia				
<input type="radio"/> Progressive Retinal Atrophy (PRA)				
<input type="radio"/> Retinal Folds				
<input type="radio"/> Multifocal Retinal Dysplasia				
<input type="radio"/> Retinal Dysplasia (Geographic Detachment)				
<input type="radio"/> Other (Describe below):				
	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Hypothyroidism				
<input type="radio"/> Hyperthyroidism				
<input type="radio"/> Diabetes				
<input type="radio"/> Addison's (hypoadrenal)				
<input type="radio"/> Cushings (hyperadrenal)				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes)

E. Endocrine Diseases

Comments (Include information on treatments and outcomes)

F. Ear Function and Health

- Chronic ear infections
 - Type: Yeast Bacterial
 - Surgery for chronic infections? Yes No
 - Age done: < 1 yr. ≥1-5 yrs. >5 yrs.
 - Type of surgical procedure done:

- Myringotomy
- Lateral ear canal resection (Zepp)
- Ear canal ablation

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Deafness <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Both				
<input type="radio"/> Vestibular Disease				
<input type="radio"/> Ear hematomas (blood blisters)				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

G. Blood & Lymph System Diseases

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Anasarca (Congenital Lethal Endema)				
<input type="radio"/> Factor X Deficiency				
<input type="radio"/> Hemophilia B (Christmas Disease)				
<input type="radio"/> Hereditary Platelet Storage Pool Defect				
<input type="radio"/> Phosphofructokinase Deficiency (PKF)				
<input type="radio"/> Prothrombin Deficiency				
<input type="radio"/> Von Willebrand's Disease/Factor VIII				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

H. Heart Defects & Vascular Diseases

- Dilated Cardiomyopathy (DCM)
 - a. Diagnosed by x-ray EKG Ultrasound
 - b. Were Taurine levels checked? Yes No
 - c. If yes, was it treated? Yes No

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Congestive Heart Failure				
<input type="radio"/> Endocardiosis				
<input type="radio"/> Cardiomyopathy				
<input type="radio"/> Mitral Valve Defect (MVD, Mitral Stenosis)				

<input type="radio"/> Persistent Right Aortic Arch				
<input type="radio"/> Pulmonic Stenosis (PS)				
<input type="radio"/> Sick Sinus Syndrome (slow heart rate)				
<input type="radio"/> Subaortic Stenosis				
<input type="radio"/> Heart Murmur				
<input type="radio"/> Degenerative Valve Disease				
<input type="radio"/> Heart disease of unknown cause				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

I. Liver-Pancreas Diseases

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Chronic Active Hepatitis Diagnosed with biopsy? <input type="radio"/> Yes <input type="radio"/> No				
<input type="radio"/> Portosystemic Shunting (Extrahepatic)				
<input type="radio"/> Portosystemic Shunting (Intrahepatic)				
<input type="radio"/> Hepatopathy Diagnosed with biopsy? <input type="radio"/> Yes <input type="radio"/> No				
<input type="radio"/> Pancreatitis				
<input type="radio"/> Pancreatic insufficiency				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

J. Urinary and Kidney Diseases

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Renal Dysplasia				
<input type="radio"/> Kidney Stones				
<input type="radio"/> Bladder Stones				
<input type="radio"/> Chronic Urinary Tract Infections				
<input type="radio"/> Urinary Incontinence				
<input type="radio"/> Kidney Disease				
<input type="radio"/> Cystinuria				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

K. Immune System Diseases

	Lab	Vet	Self	Age/Date at Diagnosis
<input type="radio"/> Anaphylactic Allergic Reaction Reaction to what? (vaccine, bee sting, etc.):				
<input type="radio"/> Immune Mediated Hemolytic Anemia				
<input type="radio"/> Demodicosis (mange mites) <input type="radio"/> Generalized <input type="radio"/> Localized				
<input type="radio"/> Idiopathic Thrombocytopenic Purpura				
<input type="radio"/> Immune Mediated Arthritis				
<input type="radio"/> Selective IgA Deficiency				
<input type="radio"/> Systemic Lupus Erythematosus (SLE)				
<input type="radio"/> Autoimmune Disease –Cause Unknown				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

L. Muscle Diseases

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Scottie Cramp				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

M. Skin Diseases

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Allergic Dermatitis				
<input type="radio"/> Lipfold Dermatitis				
<input type="radio"/> Seborrhea				
<input type="radio"/> Black Hair Follicular Dysplasia				
<input type="radio"/> Bullous Pemphigoid				

<input type="radio"/> Collagen Disorder of the Footpads				
<input type="radio"/> Congenital Hypertrichosis (Congenital Ectodermal Defect)				
<input type="radio"/> Dermoid Sinus (Dermoid Cyst)				
<input type="radio"/> Inguinal Hernia				
<input type="radio"/> Sebaceous Adenitis (SA)				
<input type="radio"/> Umbilical Hernia				
<input type="radio"/> Vitamin A Responsive Dermatitis				
<input type="radio"/> Interdigital cysts				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

N. Neurological Diseases

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Neurological Disease- Unknown Origin				
<input type="radio"/> Cerebellar Degeneration				
<input type="radio"/> Ceroid-Lipofuscinosis (ATP Subunit C Storage)				
<input type="radio"/> Seizures Disorders <input type="radio"/> Idiopathic Epilepsy <input type="radio"/> Other Causes Controlled by medication? <input type="radio"/> Yes <input type="radio"/> No				
<input type="radio"/> Glycogenosis (Glycogen Storage Disease)				
<input type="radio"/> Hydrocephalus (Water on the brain)				
<input type="radio"/> Idiopathic Facial Paralysis <input type="radio"/> Left side <input type="radio"/> Right side <input type="radio"/> Both <input type="radio"/> Permanent <input type="radio"/> Resolved				
<input type="radio"/> Multi-system Neuronal Degeneration				
<input type="radio"/> Narcolepsy				
<input type="radio"/> Paralysis				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

O. Reproductive Problems

General

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Hermaphrodite				

<input type="radio"/> Pseudohermaphrodite				
<input type="radio"/> Other (Describe below):				

Females

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Irregular Heats				
<input type="radio"/> Failure to conceive				
<input type="radio"/> Fetal Death (before birth--abortion)				
<input type="radio"/> Vaginal infection				
<input type="radio"/> Pyometra				
<input type="radio"/> Herpes				
<input type="radio"/> Mastitis (mammary gland infection)				
<input type="radio"/> Metritis (uterine infection)				
<input type="radio"/> Difficult whelping/Distocia				
<input type="radio"/> Insufficient Milk				
<input type="radio"/> False Pregnancy				
<input type="radio"/> Other (Describe below):				

Males

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Undescended testicles <input type="radio"/> one <input type="radio"/> both <input type="radio"/> Abdominal <input type="radio"/> Inguinal(flank)				
<input type="radio"/> Persistent Penile Frenulum				
<input type="radio"/> Impotence (no interest in females in heat)				
<input type="radio"/> Sterility				
<input type="radio"/> Prostatitis				
<input type="radio"/> Testicular Atrophy				

Comments (Include information on treatments and outcomes):

Q. Gastro-intestinal

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Reoccurring diarrhea				
<input type="radio"/> Irritable Bowel Syndrome				
<input type="radio"/> Bloat				
<input type="radio"/> Bowel disease				
<input type="radio"/> Hernia: <input type="radio"/> umbilical <input type="radio"/> inguinal <input type="radio"/> perineal				

<input type="radio"/> Perianal Adenoma				
<input type="radio"/> Megaesophagus				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

R. Cancer

	Lab	Vet	Self	Age/date at Diagnosis
<input type="radio"/> Cancer of Unknown Type				
<input type="radio"/> Mast Cell Tumors				
<input type="radio"/> Lymphosarcoma				
<input type="radio"/> Mammary Gland Neoplasia				
<input type="radio"/> Hemangiosarcoma				
<input type="radio"/> Fibrosarcoma				
<input type="radio"/> Osteosarcoma				
<input type="radio"/> Hepatic (Liver) Neoplasia				
<input type="radio"/> Dermal/Soft Tissue Neoplasia (type unknown)				
<input type="radio"/> Gastro-intestinal Neoplasia (Intestines/Stomach)				
<input type="radio"/> Perianal Gland Adenoma				
<input type="radio"/> Hemangioma (Right Atrial)				
<input type="radio"/> Thymoma				
<input type="radio"/> Brain Neoplasia				
<input type="radio"/> Melanoma				
<input type="radio"/> Leukemia				
<input type="radio"/> Fibromatous Epulis				
<input type="radio"/> Laryngeal Neoplasia				
<input type="radio"/> Dermal Sarcoma				
<input type="radio"/> Thoracic Neoplasia				
<input type="radio"/> Nasal Neoplasia				
<input type="radio"/> Other (Describe below):				

Comments (Include information on treatments and outcomes):

Additional Comments

If there is anything else you'd like to mention that was not in the survey, please do so here:

All information provided in this survey is **confidential** and is maintained at Elements Software Engineering.

Mail to:

If you have questions on the survey, please contact:

Thank you again for your participation in the American Club Foundation and American Club,
Australian Cattle Dog -- Comprehensive Breed Health Survey:
Advancing the quality of life for ALL Australian Cattle Dog s.