

WFA Biobank Health Survey

Name of Dog: _____ Name of Owner: _____ DATE: _____

To the best of your knowledge, has this dog ever been diagnosed with any of the following health issues? If yes, check the appropriate disorder and state at the bottom of the section the age of onset and method of diagnosis such as Owner/breeder, DVM, Lab, Specialist, Necropsy.

Genetic Disease

- ☐ Craniomandibular osteopathy (CMO)
DNA clear DNA carrier DNA affected
- ☐ Pyruvate kinase deficiency

Eye Disorders

- ☐ Juvenile cataracts
- ☐ Persistent Pupillary Membranes
- ☐ Keratoconjunctivitis sicca (Dry Eye)
- ☐ Retinal Dysplasia
- ☐ Corneal ulcer
- ☐ Corneal dystrophy
- ☐ Distichiasis
- ☐ Glaucoma
- ☐ Cherry Eye
- ☐ Other (Specify) _____

Age of Onset and Method of Diagnosis: _____

Skin Disorders

- ☐ Atopic Dermatitis
- ☐ Food/Medicine Allergies
- ☐ Chronic ear infections
- ☐ Autoimmune Skin Disease
- ☐ Yeast infections
- ☐ Staph infections
- ☐ Nail bed infections
- ☐ Systemic Demodectic Mange
- ☐ Sebaceous Adenitis
- ☐ Seborrhea
- ☐ Other (Specify) _____

Age of Onset and Method of Diagnosis: _____

Gastrointestinal Disorders

- ☐ Chronic vomiting
- ☐ Frequent upset stomach
- ☐ Frequent intermittent diarrhea
- ☐ Colitis
- ☐ Food Allergies/intolerances
- ☐ Inflammatory Bowel Disease
- ☐ Pancreatic insufficiency
- ☐ Pancreatitis
- ☐ Megaesophagus
- ☐ Cleft Palate
- ☐ Other (Specify) _____

Age of Onset and Method of Diagnosis: _____

Liver/Endocrine Disorders

- ☐ Elevated liver enzymes
- ☐ Hepatitis
- ☐ Diabetes mellitus
- ☐ Gall bladder disease
- ☐ Cushing's Disease
- ☐ Atypical Cushing's disease
- ☐ Addison's disease
- ☐ Hypothyroidism
- ☐ Copper toxicosis
- ☐ Portosystemic shunts
- ☐ Other (Specify) _____

Age of Onset and Method of Diagnosis: _____

Cardiac Disorders

- ☐ Heart murmur
- ☐ Congestive heart failure
- ☐ Sick sinus syndrome
- ☐ Mitral valve defect
- ☐ Degenerative valve disease
- ☐ Cardiomyopathy
- ☐ Patent ductus arteriosus (PDA)
- ☐ Subaortic stenosis
- ☐ Pulmonic stenosis
- ☐ Other (Specify) _____

Age of Onset and Method of Diagnosis: _____

Cancer

- ☐ Bladder Cancer (TCC or Urothelial Carcinoma)
- ☐ Lymphoma
- ☐ Melanoma
- ☐ Mast cell Carcinoma
- ☐ Hemangiosarcoma
- ☐ Mammary Carcinoma
- ☐ Gastric cancer
- ☐ Osteosarcoma
- ☐ Liver Carcinoma
- ☐ Pancreatic cancer
- ☐ Squamous cell carcinoma
- ☐ Leukemia
- ☐ Other (Specify) _____

Age of Onset and Method of Diagnosis: _____

Turn OVER to continue...

Orthopedic Disorders

- ☐ Patellar luxation (grade or normal)
- ☐ Hip Dysplasia
- ☐ Elbow dysplasia
- ☐ Arthritis
- ☐ Legg-Calve Perthes
- ☐ Cruciate ligament rupture
- ☐ Spondylosis
- ☐ Other (Specify)

Age of Onset and Method of Diagnosis:

Neurologic Disorders

- ☐ Epilepsy
- ☐ White Shaker Syndrome
- ☐ Other (Specify)

Age of Onset and Method of Diagnosis:

Urinary Disorders

- ☐ Bladder Stones
- ☐ Chronic Urinary Tract Infections
- ☐ Kidney Stones
- ☐ Kidney Disease (Failure)
- ☐ Urine Crystals
- ☐ Renal Dysplasia
- ☐ Other (Specify)

Age of Onset and Method of Diagnosis:

Respiratory Disorders

- ☐ Fibrotic Lung Disease (PF)
- ☐ Other (Specify)

Age of Onset and Method of Diagnosis:

Blood/Lymph Disorders

- ☐ Autoimmune hemolytic anemia
- ☐ Other (Specify)

Age of Onset and Method of Diagnosis:

Reproductive Disorders

- ☐ Cryptorchid/Monorchid
- ☐ Abnormal Sperm/Low Fertility
- ☐ Prostatic Disorders (BPH,etc)
- ☐ Irregular Heat Cycles
- ☐ Uterine Inertia
- ☐ Litter Resorption
- ☐ Pyometra
- ☐ Failure to Conceive
- ☐ Other (Specify)

Age of Onset and method of Diagnosis:

Dental Disorders

- ☐ Periodontal Disease
- ☐ Overbite/Underbite
- ☐ Missing Permanent teeth
- ☐ Other (Specify)

Age of Onset and Method of Diagnosis:

Circle NONE if no health issues were checked on this survey.

Using the enclosed envelope, mail a completed WFA Biobank Health Survey and a completed WFA Biobank Agreement for each sample submitted to:

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