

BORDER TERRIER BREED HEALTH SURVEY

It is important that a **separate** report is given for each dog - please report on **ALL** of your Dogs, even if they are perfectly healthy. It is equally important to have confirmation that a Dog is healthy as well as reports of Dogs with established problems.

Please take a few minutes to complete this Health Survey

An online form can be found on the breed health website at:
<https://borderterrierhealth.org.uk/health-survey-form.html>

**The provision of the data on this first page is optional but highly recommended
(It will be kept completely confidential)**

Registered Name of dog: _____

Pet name: _____

Date of Birth: _____

Sex: _____

Colour: _____

Sire: _____

Dam: _____

Name of Owner: _____

Address: _____

Tel Number: _____

Fax Number: _____

Email: _____

**BORDER TERRIER
BREED HEALTH SURVEY**
(Please provide a separate report for each dog)

The following data is required in all cases
(Please circle the correct answer where relevant)

Dog's pet name: _____

Date report made: _____

Date of Birth: _____

Sex: M/F: _____

Entire/Neutered _____

Q1 is your dog vaccinated? **regularly / occasionally / never**
last vaccination datevaccine brand

Q2 is your dog generally: **healthy / not healthy**

Q3 does your dog receive regular medication to prevent parasites (e.g. fleas and worms?)? **Yes / No**
If you have answered **Yes** - then please indicate what medication and how often?

Medication: _____

Frequency: _____

Q4 has your dog any obvious defects? **Yes / No**
If you have answered **No** please go to Question 5

Q4a What type of defect? : teeth or mouth.....
(Please describe).....
undescended testicles **one/both**
kinked tail.....
Deafness.....
Blindness.....
Other.....
(Please give a brief description of any defect).....
.....
.....

Q5 has your dog any chronic problem that is distressing or affects its health or welfare?
Yes / No If you have answered **No** please go to Question 6.

Q5a Please briefly describe the problem (attach separate sheet or papers if necessary) –
If your vet has given a diagnosis please state what it is:
.....
.....
.....

Veterinary Diagnosis.....

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- Q5b is your dog on long term medication for this condition? **Yes / No**
If you have answered **NO** please go to Question 6
- What is the treatment?
- Q6 Has your dog ever required surgery? (other than routine neutering) **Yes / No**
If you have answered **No** please go to Question 7
- Q6a what was the reason?
- Q6b was the surgery successful? **Yes / No / Partially**
- Q6c is there any long-term treatment required? **Yes / No**
- If yes - please state the treatment
-
-
- Q7 Has your dog any unusual or undesirable behaviour problems? **Yes / No**
If you have answered **No** go to Question 8
- Please **tick** if appropriate:
- Aggression.....
- Timid.....
- Poor house training.....
- Destructive.....
- Fits or seizures.....
- Other (please describe).....
-
-
- Q8 Are there any other problems you wish to remark upon that are not covered by the questions so far? **Yes / No**
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Please feel free to download and photocopy this form and give a copy to the owner(s) of any Border Terriers you have bred.

Once completed the forms should be returned direct to:
Prof. Steve Dean, BVetMed, DVR, MRCVS, Beechwood, Oakley Green Road, OakleyGreen, Berks, SL4 4QF.

Alternatively you may send by e-mail to: stevedean@tyrianborder.com

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