

## **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: \_\_\_\_\_

KC Registration Number: \_\_\_\_\_

Pet name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Colour: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel 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 date .....vaccine brand .....

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

Q3 does your dog receive regular medication to prevent parasites (e.g. fleas and/or 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).....  
.....  
.....

# BORDER TERRIER BREED HEALTH SURVEY

Q5 Have you had your dog's eyes tested recently under the BVA/KC/ISDS Eye Scheme?  
**Yes / No** If you have answered **No** please go to Question 6.

Date of Test ..... Age at time of test .....

Cataracts: Present / Clear (please indicate)

BVA Panel Vet Name .....

Examination of the Eye and Adnexa (*Please list any comments made in the second section of the eye test form*)

.....  
.....  
.....  
.....

Inherited Eye Disease Status (*Please list any comments made, or boxes ticked, in the third section of the eye test form*)

.....  
.....  
.....  
.....

Other Eye Conditions (*Please list any details*)

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.....  
.....  
.....

Please send copy of the BVA Eye Examination report

Please use separate sheet of paper to advise of any earlier tests for this dog

Q6 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 7.

Q6a 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.....

## BORDER TERRIER BREED HEALTH SURVEY

Q6b is your dog on long term medication for this condition? **Yes / No**  
If you have answered **NO** please go to Question 7

What is the treatment? .....

Q7 Has your dog ever required surgery? (other than routine neutering) **Yes / No**  
If you have answered **No** please go to Question 8

Q7a what was the reason? .....

Q7b was the surgery successful? **Yes / No / Partially**

Q7c is there any long-term treatment required? **Yes / No**

If yes - please state the treatment .....

.....

Q8 Has your dog any unusual or undesirable behaviour problems? **Yes / No**  
If you have answered **No** go to Question 9

Please **tick** if appropriate:

Aggression.....

Timid.....

Poor house training.....

Destructive.....

Fits or seizures.....

Other (please describe).....

.....

.....

Q9 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:**

Dr. Eddie Houston BVMS, MRCVS, Loansdean, Cochno Road, Clydebank, West Dunbartonshire, G81 5QR

**Alternatively you may send by e-mail to:** [earth.wise@btinternet.com](mailto:earth.wise@btinternet.com)

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