

International Shiloh Shepherd Registry, Inc. Health Survey

1. Is your dog ISSR registered? Y N
2. Is your dog Male or Female M F
3. Is your dog spayed or neutered? Y N
4. What is your dog's call name? _____
5. What is your dog's full registered name?

6. What is your dog's registration number? _____
7. What is your dog's date of birth _____
8. What kennel did you get your dog from? _____
9. What is your dog breeder's name? _____
10. How was your dog identified in the litter or during the LER? (e.g.; red collar, green collar, etc.) _____
11. Does your dog have New Blood? Yes No
If yes, please circle the appropriate letter.
 - a. NB-1 Artus
 - b. NB-2 Artus
 - c. NB-3 Artus
 - d. NB-1 Orbit
 - e. NB-2 Orbit
 - f. NB-3 Orbit
12. If your dog is the result of another outcross, please provide the breed name, registration information and any other information you think could help. _____

13. What is the Dam's call name? _____
14. What is the Dam's full registered name?

15. What is the Sire's call name? _____
16. What is the Sire's full registered name?

17. If you know it, how many puppies were born in the litter? (*Please circle*)
 - a. Males 1 2 3 4 5 6 7 8
 - b. Females 1 2 3 4 5 6 7 8
18. What coat color is your dog? _____
19. What coat type does your dog have? _____
20. Has your dog been diagnosed with any diseases? _____

21. If your dog has been diagnosed with any diseases, please include the following information:
 - a. Who diagnosed this disease _____
 - b. The diagnostic method if known, e.g., blood work, Radiographic, ECG, Observation, etc. _____
 - c. Was this an acquired or genetic disease? _____
 - d. The age of the dog at the diagnosis or onset of the disease. _____
22. If your dog was OFA or PennHip certified or if you had your own vet read the x-rays, what were the results?
Hips: _____
Elbows: _____
Dog's age at time of x-ray: _____
My dog's x-ray was read by: _____

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23. Would you like to provide any additional comments? Some things we would be interested in:

Has your dog had other health problems such as chronic diarrhea, ear infections, carsickness, or genetic faults such as soft ears, hook tail, etc.?

24. Is your dog a known carrier of a disease, even if the dog doesn't have the disease itself? Please explain:

- a. My dog has/has not produced the following diseases: (list) when bred to (please name his/her mate) _____
- b. In the first litter there were ____ puppies produced (*enter # of puppies*) and ____ were affected (*enter number of affected puppies*).
 - i. This breeding was/was not repeated and a total ____ puppies (*enter # of puppies*) were produced with ____ being affected (*enter number of affected puppies*).
- c. My dog was also bred to the following stud/bitch (*name*) _____ (*date*) _____ and a total of ____ puppies were also affected with (*enter name of disease*) _____
- d. All of the above information has been fully documented via individual reports submitted to the GTF via the survey Yes No

25. Please let us know if this is the first time you've filled out this survey for this particular dog, or if this is an update of information. First Time Update

26. Please provide us with a way to contact you if we should have any questions about the information you've provided in this survey.

Note: If you've filled out surveys for other dogs you don't need to retype all the information below, just type in your name and in the Kennel Name area, type "See others".

Owner's Name: _____
Kennel Name: _____
Work Phone: _____
Home Phone: _____
E-Mail address: _____
Website URL: _____

27. Do you have any questions? Would you like someone from the Genetics Task Force Committee to contact you about your dog? _____

The information collected in this survey is for the good of the Shiloh Shepherd breed. We appreciate your cooperation in filling out this survey. We will not sell this list or allow anyone to use it for advertising purposes. Your dog's private information will not be accessed by anyone other than ISSR officials sorting through the data received and preparing final statistical reports like the ones already available on our website.

Please mail your completed report to:

ISSR, Inc.
c/o Karen Ursel
6271 Footes Corners Rd.
Conesus, NY 14435