

## SOUTHERN BORDER TERRIER CLUB 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**

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

Registered Name of dog:

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Pet name:

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Date of Birth:

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Sex:

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Colour:

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Sire:

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Dam:

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Name of Owner:

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Address:

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Tel Number:

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Fax Number:

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Email:

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**SOUTHERN BORDER TERRIER CLUB  
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 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.....

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**  
.....  
.....  
.....

Please feel free to download and photocopy this form and give a copy to the owner(s) of any Border Terriers you have bred, whether or not they are members of the Southern Border Terrier Club.

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

**Alternatively you may send by e-mail to:** [stevedean@tyrianborder.com](mailto:stevedean@tyrianborder.com)