



# Health Survey 2010

- Please fill out information on **each** Kerry Blue Terrier that you have **owned in the last five (5) years**.
- Provide information on each dog separately. Make additional copies of this form, or print more from <http://www.kerryblues.info> by clicking on "Health."
- For each dog, enter the appropriate Disease Code for each disorder that has affected the dog during its life. Comments about the method of diagnosis and the treatment would be helpful.
- *Please report dogs who have had no health problems; it is very important that healthy dogs be included.*
- To help maintain confidentiality, do not include personal identifiers or put a return address on the mailer.
- Return the completed forms to our independent collector, Marit Marino, by **August 31, 2010**, using the pre-addressed mailer.
- Your completion of this survey is one step forward in helping future generations of Kerries avoid today's diseases.
- **Your cooperation is important and appreciated!**

<b>Country of Residence:</b> _____ <b>State or Province:</b> _____		<b>General Information</b>	
<b>Total # of Kerries owned:</b> _____		<b>Length of time in breed:</b> <input type="checkbox"/> 1–5 years <input type="checkbox"/> 6–10 years <input type="checkbox"/> 11–15 <input type="checkbox"/> over 15 years	
<b>Do you regularly participate in any of the following? (check all that apply):</b>		<b>Do you believe that the Kerry Blue Terrier is a healthy breed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Breeding Kerries <input type="checkbox"/> Companionship <input type="checkbox"/> Conformation shows		<input type="checkbox"/> Obedience training <input type="checkbox"/> Agility <input type="checkbox"/> Rally	
<input type="checkbox"/> Tracking <input type="checkbox"/> Herding <input type="checkbox"/> Other (specify _____)			
<b>Dog # _____</b>			
<b>Sex (check one):</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>Date of birth:</b> _____ month/day/year	
<b>Is this dog a purebred Kerry?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		<b>Date of death (if applicable):</b> _____ month/day/year	
<b>Used for breeding?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If bred, #of litters sired/whelped:</b> _____ <b># of pups per litter (list each litter separately):</b> _____		<b>If spayed/neutered, age at spaying/ neutering:</b> _____ <b>Parasite prevention (fleas, ticks, heartworm):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list products used: _____	
<b>Breeder Known:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vaccination booster schedule:</b> <input type="checkbox"/> yearly <input type="checkbox"/> >3 years <input type="checkbox"/> Titers <input type="checkbox"/> every 2–3 years <input type="checkbox"/> no longer vaccinate	
<b>Health Screening Tests (e.g. OFA/PennHip x-rays, CERF eye certification exam or equivalent, etc.)</b> <input type="checkbox"/> Hips <input type="checkbox"/> Eyes <input type="checkbox"/> Thyroid <input type="checkbox"/> Elbows <input type="checkbox"/> Other(s) (please list):			
<b>Health Problem</b> <i>(Use Disease Codes)</i>	<b>Age of Onset</b>	<b>Comments (Use additional page if desired)</b>	
<input type="checkbox"/> No health problems			
<b>Cause of death:</b>		<b>Autopsy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments</b>

# Health Survey 2010—continued

Dog # _____		
Sex (check one): <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth: _____ month/day/year	Date of death (if applicable): _____ month/day/year
Is this dog a purebred Kerry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
Used for breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If spayed/neutered, age at spaying/ neutering: _____	
If bred, #of litters sired/whelped: _____	Parasite prevention (fleas, ticks, heartworm): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list products used: _____	
# of pups per litter (list each litter separately): _____	Vaccination booster schedule: <input type="checkbox"/> yearly <input type="checkbox"/> >3 years <input type="checkbox"/> Titers <input type="checkbox"/> every 2–3 years <input type="checkbox"/> no longer vaccinate	
Breeder Known: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Screening Tests (e.g. OFA/PennHip x-rays, CERF eye certification exam or equivalent, etc.) <input type="checkbox"/> Hips <input type="checkbox"/> Eyes <input type="checkbox"/> Thyroid <input type="checkbox"/> Elbows <input type="checkbox"/> Other(s) (please list):		
Health Problem (Use Disease Codes)	Age of Onset	Comments (Use additional page if desired)
<input type="checkbox"/> No health problems		
Cause of death:	Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments

Dog # _____		
Sex (check one): <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth: : _____ month/day/year	Date of death (if applicable): _____ month/day/year
Is this dog a purebred Kerry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
Used for breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If spayed/neutered, age at spaying/ neutering: _____	
If bred, #of litters sired/whelped: _____	Parasite prevention (fleas, ticks, heartworm): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list products used: _____	
# of pups per litter (list each litter separately): _____	Vaccination booster schedule: <input type="checkbox"/> yearly <input type="checkbox"/> >3 years <input type="checkbox"/> Titers <input type="checkbox"/> every 2–3 years <input type="checkbox"/> no longer vaccinate	
Breeder Known: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Screening Tests (e.g. OFA/PennHip x-rays, CERF eye certification exam or equivalent, etc.) <input type="checkbox"/> Hips <input type="checkbox"/> Eyes <input type="checkbox"/> Thyroid <input type="checkbox"/> Elbows <input type="checkbox"/> Other(s) (please list):		
Health Problem (Use Disease Codes)	Age of Onset	Comments (Use additional page if desired)
<input type="checkbox"/> No health problems		
Cause of death:	Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments

# Disease Codes

## Autoimmune and Immune Problems

- 101 Immune suppression
- 102 Thyroid (thyroiditis, hypothyroidism)
- 103 Adrenal (Addison's disease)
- 104 Pancreatic (diabetes mellitus)
- 105 Eyes (uveitis)
- 106 Blood—hemolytic anemia (AIHA)
- 107 Blood—thrombocytopenia (ITP)
- 108 Parathyroid (hypoparathyroidism)
- 109 Skin (pemphigus or lupus)
- 110 Joints (rheumatoid arthritis)
- 111 Liver (chronic active hepatitis)
- 112 Kidney (systemic lupus, SLE)
- 113 Muscle (myasthenia gravis)
- 114 Muscle (myositis)
- 115 Neurologic (degenerative myelopathy)
- 116 Other (*specify in "Comments"*)

## Blood Problems

- 201 Leukemia
- 202 Lymphoma, lymphosarcoma
- 203 Myeloma
- 204 Bone marrow failure
- 205 Hemolytic anemia (AIHA)
- 206 Thrombocytopenia (ITP)
- 207 Systemic lupus erythematosus (SLE)
- 208 von Willebrand's disease
- 209 Hemophilia (*specify type in "Comments"*)
- 210 Factor XI deficiency
- 211 Other (*specify in "Comments"*)

## Cancer

- 301 Lymph node (lymphosarcoma, lymphoma)
- 302 Skin—malignant melanoma
- 303 Skin—squamous cell sarcoma
- 304 Bone (osteosarcoma)
- 305 Liver
- 306 Spleen
- 307 Blood (leukemia)
- 308 Blood vessel, malignant (hemangio-sarcoma)
- 309 Heart
- 310 Mammary
- 311 Mast cell
- 312 Testicular
- 313 Ovarian
- 314 Uterine
- 315 Bladder (transitional cell carcinoma)
- 316 Kidney
- 317 Bowel
- 318 Stomach
- 319 Lung
- 320 Other (*specify in "Comments"*)

## Dietary Problems

- 401 Food hypersensitivity (*specify in "Comments"*)
- 402 Food intolerance (*specify in "Comments"*)

## Drug or Toxicity Reactions

### Drug Reactions

- 501 Trimethoprim-sulfas
- 502 Corticosteroids
- 503 Primidone
- 504 Phenobarbitol
- 505 Ivermectin (Heartgard)

- 506 Ivermectin + Pyrantel (Heartgard Plus)
- 507 Diethylcarbamazine-oxibendazole (Filaribits-Plus)
- 508 Lufenuron (Program)
- 509 Milbemycin oxime (Interceptor)
- 510 Milbemycin oxime + lufenuron (Sentinal)
- 511 Selamectin (Revolution)
- 512 Moxidectin (ProHeart)
- 513 Carprofen (Rimadyl)
- 514 Etodolac (Etogesic)
- 515 Deracoxib (Deramaxx)
- 516 Atropine
- 517 Acepromazine
- 518 Propofil
- 519 Butazolidin
- 520 Other drugs (*specify in "Comments"*)

### Toxicity

- 521 Estrogens (DES)
- 522 Rodenticide poisons
- 523 Ethylene glycol (antifreeze)
- 524 Metaldehyde (slug bait)
- 525 Plants (*specify in "Comments"*)
- 526 Other toxins (*specify in "Comments"*)

## Ear Problems

- 601 Ear infections (chronic)
- 602 Aural hematoma
- 603 Deafness
- 604 Vesiculitis
- 605 Other (*specify in "Comments"*)

## Endocrine Problems

- 701 Hypothyroidism
- 702 Addison's disease
- 703 Cushing's disease
- 704 Diabetes mellitus
- 705 Prostatic disease (*specify in "Comments"*)
- 706 Pancreatitis
- 707 Hypoparathyroidism
- 708 Other (*specify in "Comments"*)

## Eye Problems

- 801 Distichiasis (eyelashes touching eye)
- 802 Entropion (eyelid turns away from eye)
- 803 Ectropion (eyelid turns inward)
- 804 Cataracts (*specify type in "Comments"*)
- 805 Glaucoma
- 806 Keratoconjunctivitis sicca (KCS, dry eye)
- 807 Conjunctivitis
- 808 Progressive retinal atrophy (PRA)
- 809 Corneal dysplasia
- 810 Uveitis (autoimmune)
- 811 Other (*specify in "Comments"*)

## Gastrointestinal Tract Problems

- 901 Diarrhea, acute only
- 902 Diarrhea, chronic
- 903 Diarrhea, recurring
- 904 Vomiting, persistent
- 905 Vomiting, recurrent
- 906 Gastritis, chronic
- 907 Colitis, chronic (inflammatory bowel disease) (*specify type in "Comments"*)
- 908 Flatulence (gas)
- 909 Megaesophagus (esophageal dilatation)
- 910 Bloat (gastric dilatation/volvulus)
- 911 Anal gland infections
- 912 Other (*specify in "Comments"*)

## Heart Problems

- 1001 Heart failure
- 1002 Subaortic stenosis (SAS)
- 1003 Cardiomyopathy
- 1004 Murmurs (*specify in "Comments"*)
- 1005 Other (*specify in "Comments"*)

## Infectious Disease

- 1101 Acute
- 1102 Chronic
- 1103 Bacterial (*specify in "Comments"*)
- 1104 Viral (*specify in "Comments"*)
- 1105 Fungal (*specify in "Comments"*)
- 1106 Mycoplasma
- 1107 Coccidia
- 1108 Giardia
- 1109 Heartworm disease
- 1110 Lyme disease
- 1111 Leptospirosis
- 1112 Other (*specify in "Comments"*)

## Liver/Spleen Problems

- 1201 Cirrhosis
- 1202 Liver failure
- 1203 Hepatitis, acute
- 1204 Hepatitis, chronic active
- 1205 Hepatomegaly
- 1206 Splenomegaly
- 1207 Hemangioma
- 1208 Hemangiosarcoma
- 1209 Other (*specify in "Comments"*)

## Muscle Problems

- 1301 Trembling, tremors
- 1302 Twitching
- 1303 Weakness
- 1304 Degenerative myelopathy
- 1305 Myasthenia gravis
- 1306 Myopathy
- 1307 Other (*specify in "Comments"*)

## Mouth and Tooth Problems

- 1401 Missing teeth
- 1402 Retained puppy teeth
- 1403 Dental tartar (severe)
- 1404 Tooth abscesses
- 1405 Gingivitis (gum infection)
- 1406 Halitosis (bad breath or mouth odor)
- 1407 Undershot (upper jaw extends beyond lower jaw)
- 1408 Overshot (lower jaw extends beyond upper jaw)
- 1409 Wry mouth (one side of jaw longer than the other)
- 1410 Other (*specify in "Comments"*)

## Neurological Problems

- 1501 Seizures
- 1502 Epilepsy
- 1503 Progressive neuronal abiotrophy (PNA)
- 1504 Fainting
- 1505 Twitching
- 1506 Tremors
- 1507 Hyperexcitability
- 1508 Vaccine reaction
- 1509 Other (*specify in "Comments"*)

## Disease Codes—*continued*

### Nonmalignant Warts, Cysts, and Lumps

- 1601 Warts, papillomas
- 1602 Sebaceous cysts
- 1603 Mammary gland adenoma
- 1604 Hair follicle tumors (e.g. pilomatricomas)
- 1605 Histiocytoma
- 1606 Dermoid cyst
- 1607 Hemangioma (benign blood vessel tumor)
- 1608 Lipoma (benign fatty tumor)
- 1609 Spicules (abnormally thick, malformed hairs)
- 1610 Other (*specify in "Comments"*)

### Reproductive Problems

- 1701 Pyometria (severe uterine infection)
- 1702 False pregnancy (pseudocyesis)
- 1703 Abortion
- 1704 Stillborn puppies
- 1705 Metritis
- 1706 Vaginitis
- 1707 Poor libido
- 1708 Infertility
- 1709 Sterility
- 1710 Anestrus
- 1711 Abnormal heat cycles
- 1712 Hermaphroditism (XX sex reversal)
- 1713 Cryptorchid (undescended testicles)
- 1714 Monorchid (single undescended testicle)
- 1715 Vaginal Stucture
- 1716 Other (*specify in "Comments"*)

### Skeletal/Joint Problems

- 1801 Osteoarthritis (degenerative)
- 1802 Rheumatoid arthritis (autoimmune)
- 1803 Dysplasia—elbow
- 1804 Dysplasia—hip
- 1805 Patellar luxation
- 1806 Other (*specify in "Comments"*)

### Skin and Haircoat Problems

- 1901 Hair loss (alopecia)
- 1902 Poor, dry, or thin hair coat
- 1903 Pruritis (significant itching)
- 1904 Hot spots (significant or recurrent)
- 1905 Lick granuloma
- 1906 Chewing or biting at skin, coat (persistent)
- 1907 Depigmentation (vitiligo)
- 1908 Dermatitis (nonspecific)
- 1909 Mange, demodetic
- 1910 Mange, sarcoptic
- 1911 Mange, other (*specify in "Comments"*)
- 1912 Pemphigus (*specify in "Comments"*)
- 1913 Allergic skin disease
- 1914 Atopy (inhalant allergy)
- 1915 Contact allergy
- 1916 Dietary allergy
- 1917 Flea allergy
- 1918 Bacterial hypersensitivity
- 1919 Skin Yeast Infections
- 1920 Spiculosis
- 1921 Other (*specify in "Comments"*)

### Temperament Problems

- 2001 Passive
- 2002 Lethargic
- 2003 Aggressive (excessive)
- 2004 Excitable
- 2005 Fearful
- 2006 Shy
- 2007 Irritable
- 2008 Unstable (erratic or unpredictable)
- 2009 Separation Anxiety
- 2010 Other (*specify in "Comments"*)

### Tissue Deformities

- 2101 Umbilical hernia
- 2102 Inguinal hernia
- 2103 Cleft palate
- 2104 Other (*specify in "Comments"*)

### Urinary Tract Problems

- 2201 Cystitis (recurrent bladder infections)
- 2202 Vaginitis (recurrent vaginal infections)
- 2203 Bladder stones (*specify in "Comments"*)
- 2204 Kidney disease (*specify in "Comments"*)
- 2205 Kidney stones (*specify in "Comments"*)
- 2206 Prostate disease
- 2207 Incontinence
- 2208 Nephritis
- 2209 Other (*specify in "Comments"*)

### Vaccine Reactions or Failures

- 2301 Vaccine reactions (*specify vaccine type in "Comments"*)
- 2302 Vaccine failure (*specify type of vaccine in "Comments" that failed to produce protection*)



YOUR  
1st CLASS  
STAMP  
HERE

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