



**Guiding
Eyes**
for the Blind

GUIDING EYES FOR THE BLIND
361 Route 164, Patterson, NY 12563
 www.guidingeyes.org

Dog Health Survey Update for:

Dog's Current Name: _____ **Dog ID or Date of Birth:** _____
Owner's Name: _____

It is our goal to get health updates on all Guiding Eyes adopted dogs on an annual basis. You have received this survey because it is at least one year since we have had an update from you on your dog's health. We thank you in advance for helping us in this effort. Although we hope your dog is healthy in all respects, it is vital to our breeding program to learn if there are any hereditary illnesses diagnosed. This data will be used by Guiding Eyes to further our goal of breeding better dogs. **You will notice that this year we are asking only for new information about your dog's health since the last time you filled out a health survey.** We thank you for taking the time and trouble to complete this survey. Please return a completed survey by fax to 845-878-3749 or mail to Guiding Eyes for the Blind, Attn: Lou Moseley. You may also choose to email a scanned document to lmoseley@guidingeyes.org.

Please tell us about your dog's health in the last year or two, since you last filled out a survey:

| | Check if had any | It is very important that we gather precise information about the following health problems to enable us to make better future breeding decisions. Please give us as much detailed information as possible. |
|------------------|--------------------------|--|
| Ear infections | <input type="checkbox"/> | Please indicate how many since the last survey and dates of onset. 1 Date: 2 Date: 3 Date: 4 Date: Additional Comments: |
| Skin problems | <input type="checkbox"/> | Please indicate how many since the last survey and dates of onset. 1 Date: 2 Date: 3 Date: 4 Date: What was the diagnosis or skin problem? |
| Seizures | <input type="checkbox"/> | If your dog had a seizure since the last survey, has it been diagnosed by a veterinarian as epilepsy? Please indicate date of seizure: Any additional comments: |
| Cancer or tumors | <input type="checkbox"/> | Please indicate if tumor is benign or cancerous. If cancer, please indicate type and location if known. Date of cancer diagnosis: |

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|--|--------------------------|---|
| | | |
| Eye problems | <input type="checkbox"/> | Please indicate specific diagnosis, approximate dates or age of onset and how severe or frequent the condition occurs. |
| Other health problems, if any | <input type="checkbox"/> | Please indicate specific diagnosis, approximate dates or age of onset and how severe or frequent the condition occurs: |
| Which best describes your dog's sensitivity to thunderstorms? | | Absent <input type="checkbox"/> Moderate <input type="checkbox"/> Very Mild <input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> What was the approximate date of the onset of the sensitivity? |
| | | |

Current email address where we may reach you: _____

If this dog no longer lives with you, please provide address and contact information where dog is currently living.

Other comments or concerns?