



GPCA General Health Survey



The GPCA Health Committee needs your assistance in helping us compile accurate information regarding the health status of the Great Pyrenees as a breed. Please complete this two page survey for each of your Pyrs and submit it to our Independent Tabulator listed below. The answers supplied are confidential. Personal information will be maintained by an independent tabulator who will assign an I.D. number to each dog. Only pertinent Health information (page 2) and the assigned I.D. number will be forwarded to the health committee for data collection purposes.

Please mail completed form to: Independent Tabulator
Ann Wennberg
PO Box 21474
Denver, CO 80221

Owner acknowledgement – By signing below I:

1. Understand that the personal information will be held in confidence with the Independent Tabulator for record keeping purposes only.
2. Understand that the GPCA Health Committee will use the data for the purpose of identifying problems in the breed.
3. Grant permission to the GPCA Health Committee to reprint the data in conjunction with all compiled surveys received as a report of summary on the health of the breed.
4. That I am the rightful owner of this dog and attest that all information provided is accurate and true to the best of my knowledge.

Owner's Signature: _____ DATE: ____/____/____

Date of Survey: ____/____/____

Status: New Member New Titleholder General Member

Is this an Update: Yes No If Yes, Previously Assigned ID # _____

Owner(s) Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone (Day): () _____ Evening: () _____

Dog's DOB: ____/____/____ Sex: __ Male __ Female

Dog's Registered Name: _____ Call Name: _____

Breeder's Name: _____ Kennel Name: _____

Registration #: AKC/ILP/Foreign: _____ Country Born: _____
(circle one)

Sire's Reg. Name: _____ Dam's Reg. Name: _____

AKC/ILP/Foreign #: _____ AKC/ILP/Foreign #: _____
(circle one) (circle one)

Origin: GPCA breeder Non Member Breeder Rescue Other _____

Continue on Page Two

Dog's Health Information

This Page To Be Sent to GPCA Database Manager by Independent Tabulator

Is this Dog Intact? Yes No Neutered/Spayed Age Neutered/Spayed: _____

Has this dog ever been bred? Yes No Number of litters: _____

Is this dog deceased? Yes No Date of Death: _____ Cause: _____

Was this dog euthanized? Yes No Reason: _____

Overall health of this dog: Excellent Good Average Poor

Overall temperament of this dog: (Check all that apply)

Very Shy Timid Reserved Confident Protective Aggressive towards Humans

Please note: List only those health problems which were diagnosed by a licensed Veterinarian/Specialist.

Please list specific condition:

	Name of Condition	Age At Onset
Allergies	<input type="checkbox"/>	_____
Autoimmune	<input type="checkbox"/>	_____
Blood/Lymphatic	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	_____
Dentition/Oral	<input type="checkbox"/>	_____
Ears/Hearing	<input type="checkbox"/>	_____
Eye	<input type="checkbox"/>	_____
Endocrine	<input type="checkbox"/>	_____
Gastrointestinal	<input type="checkbox"/>	_____
Kidney	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	_____
Reproductive	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Testing – Check only those that apply

<input type="checkbox"/> BAER	<input type="checkbox"/> Elbows (OFA)
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Shoulders/OCD (OFA)
<input type="checkbox"/> CERF	<input type="checkbox"/> Patella (OFA)
<input type="checkbox"/> Hips (OFA/Penn Hip)	<input type="checkbox"/> Autoimmune Thyroiditis (OFA)
	<input type="checkbox"/> CHIC Number

For Health Committee Use Only

Independent Tabulator – Please complete

Date Received: ____/____/____ Dog's DOB: ____/____/____ Sex: ___ Male ___ Female

This survey is being submitted for: New Member New Titleholder General Member

Origin: GPCA Breeder Non Member Breeder Rescue Other _____

Update: Yes No If Yes, Assigned ID # _____ or New Assigned ID # _____

Date Mailed to GPCA DBM: ____/____/____ Date GPCA DBM Entered: ____/____/____