

Bracco Italiano Breed Health Survey

Section I General Information

How many years have you owned a Bracco? _____

How many dogs do you have currently living with you or have died while living with you during the past five years? Living: Male _____ Females _____

Died: Male _____ Age at death _____ Females _____ Age at Death _____

What activities are you involved with your Bracco? (Please tick) Pet/Companion _____
Gundog work _____ Working Trials _____ Conformation _____ Obedience _____ Agility _____
Therapy Dog _____ Breeding _____ Heelwork to Music _____ Other _____

List the five diseases that have most affected you.

List the five diseases that you feel most affect our breed.

Section II Bracco Italiano Health

Using the K.C. /B.S.A.V.A. Health Survey of 2004 as a base, we have listed below a range of health conditions. Please indicate if any of these conditions has been diagnosed in dogs owned by you and, if so, give the number of affected dogs in the first box and the age at onset in the other.

	Number / Age at onset	
• Reproductive system		
- Cryptorchidism/monorchidism	YES/NO [_____] [_____]	
- Uterine inertia/physical blockage	YES/NO [_____] [_____]	
- False pregnancy	YES/NO [_____] [_____]	
- Infertility	YES/NO [_____] [_____]	
• Neurological system		
- Epilepsy	YES/NO [_____] [_____]	
• Endocrine system		
- Diabetes Mellitus	YES/NO [_____] [_____]	
• Musculoskeletal		
- Arthritis	YES/NO [_____] [_____]	
- Ununited Anconeal Process (UAP)	YES/NO [_____] [_____]	
- Cruciate Ligament Rupture	YES/NO [_____] [_____]	
- Hip Dysplasia	YES/NO [_____] [_____]	
- Patellar Luxation	YES/NO [_____] [_____]	
- Osteochondritis Dessicans (OCD)	YES/NO [_____] [_____]	
- Bandy legs (weakness in the front legs in puppies)	YES/NO [_____] [_____]	
• Ocular		
- Blocked tear ducts	YES/NO [_____] [_____]	
- Cataract	YES/NO [_____] [_____]	
- Glaucoma	YES/NO [_____] [_____]	
- Entropion	YES/NO [_____] [_____]	
- Ectropion	YES/NO [_____] [_____]	

• **Aural**

- Hematoma YES/NO [] []
- Chronic Ear Infections (List type: yeast, bacteria) YES/NO [] []

• **Cardiac**

- Heart failure YES/NO [] []
- Heart murmur YES/NO [] []
- Heart disease YES/NO [] []

• **Cancer**

- bones YES/NO [] []
- Liver/kidney YES/NO [] []
- Stomach/lungs YES/NO [] []
- Mammary YES/NO [] []
- Testicular YES/NO [] []
- Other (please specify) _____ YES/NO [] []

• **Dermatological**

- Demodectic mange YES/NO [] []
- Alopecia (hair loss) YES/NO [] []
- Skin Allergies (Atopic Dermatitis etc) YES/NO [] []

• **Respiratory**

- Kennel Cough YES/NO [] []

• **Urological**

- Kidney infection YES/NO [] []
- Cystitis (Bladder Infection) / Bacterial or Sterile YES/NO [] []
- Incontinence YES/NO [] []
- Kidney Failure YES/NO [] []

• **Digestive**

- Inflammatory bowel disease YES/NO [] []
- Gastric Dilatation – Volvulus (Bloat & Gastric Torsion) YES/NO [] []

Drug Reaction

- Anesthesia (Specify) YES/NO [] []
- Medicine Reaction (Specify) YES/NO [] []
- Vaccine Reaction (Specify) YES/NO [] []

- Any other conditions (please specify below) _____ [] []

Section III Other Conditions

Please use this section to highlight any other conditions your dog has had that are not covered above. (Please continue on a separate sheet if necessary)