Dam and Sire Medical History Record Form

Fill out this form to the best of your ability. Take it with you to your Golden Retriever Lifetime Study veterinary appointment.

To the best of your knowledge, has the dam (mother) or sire (father) of your dog been diagnosed with any of the following conditions?

Neoplasias (Cancer/Tumors)	**Dam**	**Sire**
Adrenal tumor	☐	☐
Basal cell tumor	☐	☐
Bile duct (biliary) tumor	☐	☐
Bladder tumor	☐	☐
Brain/spinal cord tumor	☐	☐
Breast or mammary tumor	☐	☐
Epidermoid cyst (follicular cyst)	☐	☐
Eye tumor	☐	☐
Hair matrix tumor	☐	☐
Heart tumor	☐	☐
Hemangioma	☐	☐
Hemangiosarcoma	☐	☐
Histiocytic sarcoma	☐	☐
Histiocytoma	☐	☐
Kidney tumor	☐	☐
Leukemia	☐	☐
Specify Type_____		
Lipoma	☐	☐
Liver tumor	☐	☐
Lung tumor	☐	☐
Lymphoma	☐	☐
Mast cell tumor	☐	☐
Melanoma	☐	☐
Multiple myeloma	☐	☐
Nasal tumor	☐	☐
Osteosarcoma	☐	☐
Pancreatic tumor	☐	☐
Papilloma	☐	☐
Perianal adenocarcinoma	☐	☐
Perianal adenoma	☐	☐
Pituitary tumor	☐	☐
Plasmacytoma	☐	☐
Prostate tumor	n/a	☐
Sebaceous adenoma	☐	☐
Soft tissue sarcoma	☐	☐
Squamous cell carcinoma	☐	☐
Stomach/intestinal tumor	☐	☐
Testicular cancer	n/a	☐
Thymoma	☐	☐
Thyroid tumor	☐	☐
Other neoplasia	☐	☐
Specify Type _____		

Cardiovascular/Respiratory	**Dam**	**Sire**
Arrhythmia	☐	☐
Cardiomyopathy	☐	☐
Congestive heart failure	☐	☐
Cough	☐	☐
Heartworm infection	☐	☐
Murmur	☐	☐
Pneumonia	☐	☐
Pulmonic stenosis	☐	☐
Subaortic stenosis	☐	☐
Other cardio/respiratory	☐	☐
Specify Type_____		

Skin Conditions	**Dam**	**Sire**
Anal sac/gland disorder	☐	☐
Atopy	☐	☐
Bacterial dermatitis (Pyoderma)	☐	☐
Contact dermatitis	☐	☐
Flea allergy dermatitis	☐	☐
Food allergy dermatitis	☐	☐
Non-specific dermatitis	☐	☐
Perianal dermatitis	☐	☐
Perivulvar dermatitis	☐	n/a
Pododermatitis	☐	☐
Demodectic mange	☐	☐
Dermatophytosis (ringworm)	☐	☐
Dry skin	☐	☐
Hot spots (moist eczema)	☐	☐
Icthyosis	☐	☐
Lick granuloma	☐	☐
Papilloma	☐	☐
Pruritis	☐	☐
Sarcoptic mange	☐	☐
Seasonal allergy	☐	☐
Sebaceous cyst	☐	☐
Other skin condition	☐	☐
Specify Type _____		

Endocrine (Hormone)	**Dam**	**Sire**		**Dam**	**Sire**
Addison's disease (hypoadrenocorticism)	☐	☐	Diabetes mellitus	☐	☐
			Hypercalcemia	☐	☐
Cushing's disease (hyperadrenocorticism)	☐	☐	Hypothyroidism	☐	☐
			Pancreatic insufficiency	☐	☐
Diabetes insipidus	☐	☐	Other endocrine	☐	☐
			Specify Type _____		

Gastrointestinal (Digestive)	**Dam**	**Sire**		**Dam**	**Sire**
Bloat with torsion (GDV)	☐	☐	Malabsorptive disorder	☐	☐
Bloat without torsion	☐	☐	Megaesophagus	☐	☐
Chronic colitis	☐	☐	Pancreatitis	☐	☐
Diarrhea	☐	☐	Vomiting	☐	☐
Food sensitivity	☐	☐	Other gastrointestinal	☐	☐
Gastritis/Gastroenteritis	☐	☐	Specify Type _____		
Gastrointestinal foreign body	☐	☐			

Hematologic (Blood)	**Dam**	**Sire**		**Dam**	**Sire**
Anemia	☐	☐	Other hematologic	☐	☐
Thrombocytopenia	☐	☐	Specify Type _____		
Von Willebrand's disease	☐	☐			

Urinary	**Dam**	**Sire**		**Dam**	**Sire**
Bladder infection/cystitis	☐	☐	Kidney failure	☐	☐
Bladder stones	☐	☐	Kidney infection/pyelonephritis	☐	☐
Crystalluria	☐	☐	Kidney stones	☐	☐
Ectopic ureter	☐	☐	Proteinuria	☐	☐
Incontinence	☐	☐	Other urinary	☐	☐
			Specify Type _____		

Nervous System	**Dam**	**Sire**		**Dam**	**Sire**
Cauda equina syndrome	☐	☐	Seizures of unknown origin (epilepsy)	☐	☐
Dementia or senility	☐	☐			
Horner's syndrome	☐	☐	Trauma/injury		
Laryngeal paralysis	☐	☐	Wobbler syndrome	☐	☐
Limb paralysis	☐	☐	Other nervous system	☐	☐
Myasthenia gravis	☐	☐	Specify Type _____		

Musculoskeletal	**Dam**	**Sire**		**Dam**	**Sire**
Bone fracture	☐	☐	Osteochondritis dissecans (OCD)	☐	☐
Cruciate ligament rupture	☐	☐	Panosteitis	☐	☐
Elbow dysplasia	☐	☐	Patellar luxation	☐	☐
Growth deformity	☐	☐	Rheumatoid arthritis	☐	☐
Hip dysplasia	☐	☐	Spondylosis	☐	☐
Intervertebral disc disease	☐	☐	Trauma/injury	☐	☐
Lameness	☐	☐	Other muskuloskeletal	☐	☐
Osteoarthritis	☐	☐	Specify Type _____		

Eye	**Dam**	**Sire**
Cataracts	☐	☐
Conjunctivitis	☐	☐
Corneal ulcer	☐	☐
Distichiasis	☐	☐
Ectropion	☐	☐
Entropion	☐	☐
Glaucoma	☐	☐
Imperforate lacrimal punctum	☐	☐
Iris cyst	☐	☐

	Dam	**Sire**
Keratoconjunctivitis sicca (KCS)	☐	☐
Pigmentary uveitis	☐	☐
Progressive retinal atrophy or degeneration	☐	☐
Third eyelid tear gland prolapse	☐	☐
Trauma/Injury	☐	☐
Uveitis	☐	☐
Other eye	☐	☐
Specify Type_____		

Ear-Nose-Throat	**Dam**	**Sire**
Aural hematoma	☐	☐
Epistaxis	☐	☐
Hearing problem	☐	☐
Otitis externa	☐	☐
Pharyngitis	☐	☐

	Dam	**Sire**
Rhinitis	☐	☐
Tonsillitis	☐	☐
Upper respiratory infection	☐	☐
Other ear-nose-throat	☐	☐
Specify Type_____		

Reproductive	**Dam only**
Dystocia	☐
Mastitis	☐
Papilloma/genital warts	☐
Pregnancy	☐
Pyometra	☐
Recessed vulva	☐
Vaginitis	☐
Other reproductive (dam)	☐
Specify Type_____	

	Sire only
Cryptorchid - Bilateral	☐
Cryptorchid - Unilateral	☐
Mastitis	☐
Papilloma/genital warts	☐
Preputial infection	☐
Prostate abscess	☐
Prostate enlargement (benign)	☐
Prostatitis	☐
Other reproductive (sire)	☐
Specify Type_____	

Infectious Disease	**Dam**	**Sire**
Anaplasma	☐	☐
Babesia	☐	☐
Coccidia	☐	☐
Eimeria	☐	☐
Ehrlichia	☐	☐
Fleas	☐	☐
Fungal infection	☐	☐
Specify Type_____		
Giardia	☐	☐
Granuloma	☐	☐
Hookworms	☐	☐
Influenza	☐	☐

	Dam	**Sire**
Isospora	☐	☐
Lyme disease	☐	☐
Parvovirus	☐	☐
Rocky Mountain spotted fever	☐	☐
Roundworms	☐	☐
Tapeworm	☐	☐
Ticks	☐	☐
Tracheobronchitis (kennel cough)	☐	☐
Whipworms_____	☐	☐
Other infections disease	☐	☐
Specify Type_____		

Are you aware of any additional diagnoses of medical significance for the dam or sire in the past 12 months?

	Dam	**Sire**
_____	☐	☐
_____	☐	☐
_____	☐	☐