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) or any littermate of your dog been diagnosed with any of the following conditions?

NEOPLASIAS (CANCER/TUMORS)	Dam	Sire	Littermate		Dam	Sire	Littermate
Adrenal tumor	☐	☐	☐	Mast cell tumor	☐	☐	☐
Basal cell tumor	☐	☐	☐	Melanoma	☐	☐	☐
Bile duct (biliary) tumor	☐	☐	☐	Multiple myeloma	☐	☐	☐
Bladder tumor	☐	☐	☐	Nasal tumor	☐	☐	☐
Brain/spinal cord tumor	☐	☐	☐	Osteosarcoma	☐	☐	☐
Breast or mammary tumor	☐	☐	☐	Pancreatic tumor	☐	☐	☐
Epidermoid cyst (follicular cyst)	☐	☐	☐	Papilloma	☐	☐	☐
Eye tumor	☐	☐	☐	Perianal adenocarcinoma	☐	☐	☐
Hair matrix tumor	☐	☐	☐	Perianal adenoma	☐	☐	☐
Heart tumor	☐	☐	☐	Pituitary tumor	☐	☐	☐
Hemangioma	☐	☐	☐	Plasmacytoma	☐	☐	☐
Hemangiosarcoma	☐	☐	☐	Prostate tumor	N/A	☐	☐
Histiocytic sarcoma	☐	☐	☐	Sebaceous adenoma	☐	☐	☐
Histiocytoma	☐	☐	☐	Soft tissue sarcoma	☐	☐	☐
Kidney tumor	☐	☐	☐	Squamous cell carcinoma	☐	☐	☐
Leukemia	☐	☐	☐	Stomach/intestinal tumor	☐	☐	☐
Specify Type _____				Testicular cancer	N/A	☐	☐
Lipoma	☐	☐	☐	Thymoma	☐	☐	☐
Liver tumor	☐	☐	☐	Thyroid tumor	☐	☐	☐
Lung tumor	☐	☐	☐	Other neoplasia	☐	☐	☐
Lymphoma	☐	☐	☐	Specify Type _____			
CARDIOVASCULAR/RESPIRATORY							
Arrhythmia	☐	☐	☐	Pneumonia	☐	☐	☐
Cardiomyopathy	☐	☐	☐	Pulmonic stenosis	☐	☐	☐
Congestive heart failure	☐	☐	☐	Subaortic stenosis	☐	☐	☐
Cough	☐	☐	☐	Other cardio/respiratory	☐	☐	☐
Heartworm infection	☐	☐	☐	Specify Type _____			
Murmur	☐	☐	☐				
SKIN CONDITIONS							
Anal sac/gland disorder	☐	☐	☐	Dermatophytosis (ringworm)	☐	☐	☐
Atopy	☐	☐	☐	Non-specific dermatitis	☐	☐	☐
Bacterial dermatitis (Pyoderma)	☐	☐	☐	Papilloma	☐	☐	☐
Contact dermatitis	☐	☐	☐	Perianal dermatitis	☐	☐	☐
Demodectic mange	☐	☐	☐	Perivulvar dermatitis	☐	N/A	☐
Dry skin	☐	☐	☐	Pododermatitis	☐	☐	☐
Flea allergy dermatitis	☐	☐	☐	Pruritis	☐	☐	☐
Food allergy dermatitis	☐	☐	☐	Sarcoptic mange	☐	☐	☐
Hot spots (moist eczema)	☐	☐	☐	Seasonal allergy	☐	☐	☐
Icthyosis	☐	☐	☐	Sebaceous cyst	☐	☐	☐
Lick granuloma	☐	☐	☐	Other skin condition Specify Type _____	☐	☐	☐

ENDOCRINE (HORMONE)	Dam	Sire	Littermate		Dam	Sire	Littermate
Addison's disease	☐	☐	☐	Hypercalcemia	☐	☐	☐
(*hypoadrenocorticism*)				Hypothyroidism	☐	☐	☐
Cushing's disease	☐	☐	☐	Pancreatic insufficiency	☐	☐	☐
(*hyperadrenocorticism*)				Other endocrine	☐	☐	☐
Diabetes insipidus	☐	☐	☐	Specify Type _____			
Diabetes mellitus	☐	☐	☐				
GASTROINTESTINAL (DIGESTIVE)							
Bloat with torsion (GDV)	☐	☐	☐	Gastrointestinal foreign body	☐	☐	☐
Bloat without torsion	☐	☐	☐	Megaesophagus	☐	☐	☐
Chronic colitis	☐	☐	☐	Pancreatitis	☐	☐	☐
Diarrhea	☐	☐	☐	Vomiting	☐	☐	☐
Food sensitivity	☐	☐	☐	Other gastrointestinal	☐	☐	☐
Gastritis/Gastroenteritis	☐	☐	☐	Specify Type _____			
HEMATOLOGIC (BLOOD)							
Anemia	☐	☐	☐	Other hematologic	☐	☐	☐
Thrombocytopenia	☐	☐	☐	Specify Type _____			
Von Willebrand's disease	☐	☐	☐				
URINARY							
Bladder infection/cystitis	☐	☐	☐	Kidney infection/pyelonephritis	☐	☐	☐
Bladder stones	☐	☐	☐	Kidney stones	☐	☐	☐
Crystalluria	☐	☐	☐	Proteinuria	☐	☐	☐
Ectopic ureter	☐	☐	☐	Other urinary	☐	☐	☐
Incontinence	☐	☐	☐	Specify Type _____			
Kidney failure	☐	☐	☐				
NERVOUS SYSTEM							
Cauda equina syndrome	☐	☐	☐	Seizures of unknown origin	☐	☐	☐
Dementia or senility	☐	☐	☐	(*epilepsy*)			
Horner's syndrome	☐	☐	☐	Trauma/injury	☐	☐	☐
Laryngeal paralysis	☐	☐	☐	Wobbler syndrome	☐	☐	☐
Limb paralysis	☐	☐	☐	Other nervous system	☐	☐	☐
Myasthenia gravis	☐	☐	☐	Specify Type _____			
MUSCULOSKELETAL							
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 musculoskeletal	☐	☐	☐
Osteoarthritis	☐	☐	☐	Specify Type _____			

EYE	Dam	Sire	Littermate		Dam	Sire	Littermate
Cataracts	☐	☐	☐	Keratoconjunctivitis sicca (KCS)	☐	☐	☐
Conjunctivitis	☐	☐	☐	Pigmentary uveitis	☐	☐	☐
Corneal ulcer	☐	☐	☐	Progressive retinal atrophy	☐	☐	☐
Distichiasis	☐	☐	☐	or degeneration			
Ectropion	☐	☐	☐	Third eyelid tear gland prolapse	☐	☐	☐
Entropion	☐	☐	☐	Trauma/Injury	☐	☐	☐
Glaucoma	☐	☐	☐	Uveitis	☐	☐	☐
Imperforate lacrimal punctum	☐	☐	☐	Other eye	☐	☐	☐
Iris cyst	☐	☐	☐	Specify Type _____			
EAR-NOSE-THROAT							
Aural hematoma	☐	☐	☐	Rhinitis	☐	☐	☐
Epistaxis	☐	☐	☐	Tonsillitis	☐	☐	☐
Hearing problem	☐	☐	☐	Upper respiratory infection	☐	☐	☐
Otitis externa	☐	☐	☐	Other ear-nose-throat	☐	☐	☐
Pharyngitis	☐	☐	☐	Specify Type _____			
REPRODUCTIVE							
Dystocia	☐		☐	Cryptorchid - Bilateral		☐	☐
Mastitis	☐		☐	Cryptorchid - Unilateral		☐	☐
Papilloma/genital warts	☐		☐	Mastitis		☐	☐
Pregnancy	☐		☐	Papilloma/genital warts		☐	☐
Pyometra	☐		☐	Preputial infection		☐	☐
Recessed vulva	☐		☐	Prostate abscess		☐	☐
Vaginitis	☐		☐	Prostate enlargement (benign)		☐	☐
Other reproductive (dam)	☐		☐	Prostatitis		☐	☐
Specify Type _____				Other reproductive (sire)		☐	☐
				Specify Type _____			
INFECTIOUS DISEASE							
Anaplasma	☐	☐	☐	Isospora	☐	☐	☐
Babesia	☐	☐	☐	Lyme disease	☐	☐	☐
Coccidia	☐	☐	☐	Parvovirus	☐	☐	☐
Eimeria	☐	☐	☐	Rocky Mountain spotted fever	☐	☐	☐
Ehrlichia	☐	☐	☐	Roundworms	☐	☐	☐
Fleas	☐	☐	☐	Tapeworm	☐	☐	☐
Fungal infection	☐	☐	☐	Ticks	☐	☐	☐
Specify Type _____				Tracheobronchitis	☐	☐	☐
Giardia	☐	☐	☐	(*kennel cough*)			
Granuloma	☐	☐	☐	Whipworms _____	☐	☐	☐
Hookworms	☐	☐	☐	Other infectious disease	☐	☐	☐
Influenza	☐	☐	☐	Specify Type _____			

Are you aware of any additional diagnoses of medical significance for the dam, sire or littermate in the past 12 months? _____	Dam	Sire	Littermate
	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐