



**MORRIS  
ANIMAL  
FOUNDATION**

**GOLDEN RETRIEVER  
LIFETIME STUDY**



# **A GOLDEN OPPORTUNITY**

to Improve the Health of Golden Retrievers

BRODIE HERO #639



Dear Golden Retriever Owner,

Welcome to Morris Animal Foundation's Golden Retriever Lifetime Study!

The Golden Retriever Lifetime Study is a groundbreaking effort to learn about risk factors for cancer and other diseases in dogs. It is one of the largest and longest observational studies ever undertaken to improve the health of dogs. In collaboration with scientists, veterinarians and dog owners, Morris Animal Foundation is working to prevent canine diseases and to create a brighter tomorrow for animals. We are pleased that you and your dog will be participating in this study.

This owner's manual provides useful Study information and resources, including tools to help you keep records that will be valuable for the Study. Please take a moment to familiarize yourself with its contents.

We recommend storing all of your dog's Study records, veterinary reports, and other important materials together in a safe place. You will also provide information for the Study through your user account at [morrisanimalfoundation.org](https://morrisanimalfoundation.org).

Please use the Study website as your first resource: [morrisanimalfoundation.org](https://morrisanimalfoundation.org). If you need further assistance, email the Study team at [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org) or toll-free at **855.4GR.DOGS (855.447.3647)**.

Thank you, and once again, welcome!

*The Morris Animal Foundation Golden Retriever Lifetime Study Team*  
**The Morris Animal Foundation Golden Retriever Lifetime Study Team**

# Table of Contents

## OVERVIEW

Golden Retriever Lifetime Study Description .....	4
Golden Retriever Lifetime Study Background.....	5

## EXPECTATIONS

What Is Expected of You and Your Veterinarian.....	6
Annual Study Veterinary Visits.....	7
Additional Veterinary Visits .....	13

<b>FREQUENTLY ASKED QUESTIONS .....</b>	<b>16</b>
---	-----------

<b>RESOURCES.....</b>	<b>17</b>
-----------------------	-----------

<b>CONTACTS.....</b>	<b>20</b>
----------------------	-----------

<b>ABOUT MORRIS ANIMAL FOUNDATION.....</b>	<b>23</b>
--	-----------

<b>GOLDEN RETRIEVER LIFETIME STUDY JOURNAL .....</b>	<b>24</b>
--	-----------

<b>VETERINARY RECORDS .....</b>	<b>45</b>
---------------------------------	-----------

# Golden Retriever Lifetime Study Description

Morris Animal Foundation's Golden Retriever Lifetime Study is a groundbreaking effort to learn more about risk factors for cancer and other diseases in dogs. This study will identify genetic, nutritional, behavioral and environmental risk factors associated with cancer and other health problems in golden retrievers. It is one of the largest and longest observational studies ever undertaken to improve the health of dogs. This study is being managed by Morris Animal Foundation, a nonprofit organization that is a global leader in advancing the health of animals through science.

## STUDY GOALS

The goals of this study are to:

- Determine the incidence of cancer in this group of 3,044 golden retrievers in the contiguous United States
- Identify genetic variations associated with common cancers in golden retrievers
- Identify ways in which genetics, environment and nutrition may affect a dog's risk for cancer
- Determine the incidence of other major health disorders in golden retrievers and identify possible risk factors for these diseases
- Create an information database and a warehouse of biological samples that can be used for future research
- Develop and evaluate strategies and guidelines for cancer screening and prevention

# Golden Retriever Lifetime Study Background

Cancer is a leading cause of death in dogs older than 2 years of age, and golden retrievers have a higher risk of developing cancer than most other dog breeds. It is estimated that more than half of all golden retrievers in the United States will die of cancer. For this reason, golden retrievers were selected for the first Canine Lifetime Health Project study. Although this study involves golden retrievers only, the information collected will improve the health of all dogs.

## DIFFERENT TYPES OF CANCER AFFECT DIFFERENT BREEDS

Following are four of the most common malignant cancers in golden retrievers:

### **Hemangiosarcoma**

This form of cancer originates from the cells of the circulatory system; it is found most frequently in the heart and spleen

### **Lymphoma**

This is a cancer of the lymphocytes, which are a type of white blood cell

### **Mast cell tumor**

This is a very common form of skin cancer in dogs

### **Osteosarcoma**

This aggressive bone cancer frequently affects large-breed dogs

In addition, the Study will collect information on major health issues that frequently occur in golden retrievers such as kidney disease, heart disease, hypothyroidism and allergies.

# What Is Expected of You and Your Veterinarian

By joining Morris Animal Foundation in this groundbreaking study, you will be helping to create a brighter future for golden retrievers and all dogs.

## YOUR PARTICIPATION

Your enrollment in this study has already shown a high level of commitment to helping Morris Animal Foundation learn more about cancer and other diseases in golden retrievers. We appreciate and value the time and energy that you, your golden retriever and your veterinarian are giving to this study. If you are ever concerned about your ability to continue participating in the Study, we would like to discuss your concerns. Please contact the Study team at [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org) or **855.4GR.DOGS (855.447.3647)**.

## YOUR VETERINARIAN'S PARTICIPATION

By joining you on this journey, your veterinarian also is making a commitment to participate in the Golden Retriever Lifetime Study. **If at any time your veterinarian is unable or unwilling to perform the tasks required for this study, you will need to select another veterinarian to perform your dog's annual examinations and sample collection.**

## ANNUAL ONLINE QUESTIONNAIRES

You will complete your annual questionnaires online. These questionnaires will be similar to the owner questionnaire you completed during the application process. If you have any questions, please refer to the Frequently Asked Questions section of this manual or contact the Golden Retriever Lifetime Study team.

**We welcome your feedback on the requirements and processes of Study participation. Let us know what we can do to make improvements. Please send your comments to [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org).**

# Annual Study Veterinary Visits

You will need to schedule a visit with your veterinarian for a comprehensive health examination and sample collection each year that your dog is enrolled in the Golden Retriever Lifetime Study. You will receive an email reminder approximately four weeks before the date you will need to schedule your dog's annual examination. These visits require more time than a traditional annual visit, so discuss the requirements with your veterinary clinic's staff at the time of scheduling.

**It is important to update your new appointment date each year by logging on to your user account at [morrisonanimalfoundation.org](http://morrisonanimalfoundation.org). Please note that it may take up to 10 days from the time you complete your Annual Owner Questionnaire for the veterinary sample kit to arrive, so please schedule accordingly.**

## VETERINARY APPOINTMENT GUIDELINES

Please schedule your dog's annual Study visit within 30 days of the anniversary date of the dog's baseline screening examination.

Record your anniversary date here:

It is important that you complete your questionnaire at least 10 days before your appointment to allow adequate time for the veterinary sample kit to be shipped to you.

**Take the kit to your veterinarian several days before your dog's veterinary appointment.**

When scheduling the appointment, please follow these requirements:

- Schedule the appointment on a Monday–Thursday that is not the day before or on any major holidays (to ensure that samples will be received by the labs on a regular business day)
- Schedule morning appointments only (to decrease the fasting burden on your dog and allow your veterinarian time to process the samples for same-day shipment)
- Schedule a longer appointment time (45–60 minutes is recommended)

### **You may also wish to do the following:**

- Be prepared to leave your dog with the clinic after the scheduled appointment if additional time is required to acquire samples
- If you are working with a new veterinarian, encourage them to prepare for the appointment ahead of time by calling 855.447.3647 to register for the Study, and reviewing the sample collection instructions at **[morrisonanimalfoundation.org/grls-veterinarians](https://morrisonanimalfoundation.org/grls-veterinarians)**.

### **Entering the appointment date online**

- Log on to your user account at **[morrisonanimalfoundation.org](https://morrisonanimalfoundation.org)** and go to your dog's Study Year Actions dropdown.
- Enter your scheduled appointment date, select your reimbursement preference, and hit Save.

**As soon as you schedule your dog's veterinary appointment, please log on to your user account at [morrisonanimalfoundation.org](https://morrisonanimalfoundation.org) to notify the Study team of your appointment date.**

# Annual Study Veterinary Visits

continued

## ANNUAL VETERINARY SAMPLE KIT

As soon as you schedule your dog's annual veterinary appointment, please log on to your user account at [morrisonanimalfoundation.org](https://morrisonanimalfoundation.org) to notify the Study team of your appointment date.

Each year, you will receive a new veterinary sample kit following completion of your Annual Owner Questionnaire. When you receive the kit, **please review all owner information documents**. If you notice any visible damage to the box, contact the Study team to request a replacement kit. **Take the kit to your veterinarian several days before your dog's veterinary appointment.**

## VETERINARY APPOINTMENT PREPARATION

### Preparing for Toenail Trimming

Please avoid trimming your dog's toenails for up to four weeks before the appointment.

### Fasting Your Dog Before the Appointment

Please remove all food 12 hours before your scheduled appointment. Your dog may have access to water up until the time of the appointment.

### Stool and Urine Sample Collection

Collect a fresh sample (less than 12 hours old) of your dog's stool in a clean, zip-closure bag.

If your veterinarian has supplied you with a collection container for urine, collect approximately 1–2 tablespoons of your dog's urine. Otherwise, try to keep your dog from urinating before the veterinary appointment so that the veterinary team can collect the urine sample.

## VETERINARY APPOINTMENT COSTS

**You are responsible for all costs associated with the annual examination, sample collection and laboratory tests.** After the Study team verifies that you have completed your annual questionnaire and your veterinarian has completed the sample collection, Morris Animal Foundation will reimburse you directly for up to \$75 toward these costs.

**Please make sure your address is up to date.** Your annual reimbursements will be sent to you in the mail after each year's requirements are met. If you do not receive your check within a month of your visit date please contact the Study team.

**Did you know you can donate your reimbursement back to the Golden Retriever Lifetime Study? Just update your reimbursement preferences in your portal during your next annual visit window.**

# Annual Study Veterinary Visits

continued

## QUICK CHECKLIST FOR ANNUAL VETERINARY APPOINTMENT

- I updated my profile.
- I completed my annual questionnaire.
- I notified my veterinarian (or invited a new veterinarian to participate).
- I scheduled my dog's appointment at least 10 days in the future.
- I scheduled my dog's appointment on a Monday–Thursday.
- I entered my dog's appointment date on its Study record by logging on to my user account at [morrisanimalfoundation.org](https://morrisanimalfoundation.org).
- I received the veterinary sample kit.
- I delivered the sample kit to my veterinarian a few days before my appointment.
- I removed my dog's food 12 hours before the appointment (water is okay).
- I collected a stool sample within 12 hours of the appointment.
- I collected a urine sample on the morning of the appointment (at least 1–2 tablespoons).
- I took my dog to its appointment.

# Annual Study Veterinary Visits

continued

## APPOINTMENT HISTORY

You may review your dog's annual appointments in one place under the Study Milestones tab on your dog's online record at [morrisonanimalfoundation.org](https://morrisonanimalfoundation.org). On this tab, you can review the status of each annual questionnaire – yours and your veterinarian's.

# Additional Veterinary Visits

The Golden Retriever Lifetime Study is an observational study. This means we are learning about canine health from the information you share with us.

Some appointments will require additional tasks for the Golden Retriever Lifetime Study. An example is tumor sample collection if your veterinarian suspects that your dog has cancer. Because of this, we ask you to notify us every time you schedule a sample collection visit for your dog. Please read more about this and other topics in the sections that follow.

## TUMOR SAMPLE COLLECTION

If you find a mass on your dog and your veterinarian suspects that your dog has cancer, acquiring a tissue sample is essential for this study. We ask that your veterinarian (or a veterinary oncologist) take a biopsy (sample) of the suspected tumor tissue to send for examination by a veterinary pathologist.

Your veterinarian can read the most up-to-date sampling protocol at **[morrisanimalfoundation.org/grls-veterinarians](https://morrisanimalfoundation.org/grls-veterinarians)**.

Morris Animal Foundation provides a limited reimbursement for the costs associated with analysis of the tumor (histopathology). Please contact the Study team at **[grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org)**.

# Additional Veterinary Visits

continued

## NECROPSY (POSTMORTEM EXAMINATION)

Everything we learn from observing your dog throughout its lifetime will be valuable. Additional information can be gained at the time of your dog's death.

You may choose a **cosmetic necropsy** or **complete necropsy**.

A **complete necropsy** allows access to all valuable tissue samples. This option gives the Study researchers more detailed knowledge that may increase the value of the Study findings. After the necropsy, you may request that your dog's body be cremated and that the cremated remains be returned to you. The owner is responsible for all costs associated with necropsy and cremation.

A **cosmetic necropsy** is similar to a surgical procedure in which tissues are removed through incisions that are subsequently sutured closed. Although a cosmetic necropsy does not allow access to all tissue samples, this option is recommended if you would like to have your dog's body for burial. The owner is responsible for all costs associated with necropsy and cremation.

Your regular veterinarian or a veterinary pathologist may perform a necropsy. Please discuss necropsy options with your veterinarian to help you choose what is best for you, and plan ahead in the event that a necropsy is needed on a weekend or holiday. Instructions regarding what samples and tissues to collect, as well as how to process and ship them, are obtained from the Necropsy Kit or on the Study website. ***Please note that the whole body is not sent to Morris Animal Foundation and Morris Animal Foundation does not perform the necropsy.***

Morris Animal Foundation provides a limited reimbursement for the costs associated with necropsy. Please contact the Study team at [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org).

# Additional Veterinary Visits

continued

**The Golden Retriever Lifetime Study offers a reimbursement of up to \$500 per dog, over the life of the Study, to collect biopsies and/or perform a necropsy. Please contact the Study team at [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org) if you believe you qualify for this reimbursement.**

**At Morris Animal Foundation we love dogs, and we understand the love and companionship you share with your golden retriever. We acknowledge the magnitude of the decision to consent to a necropsy on your beloved companion. For these reasons, this decision is yours; however, we strongly encourage you to allow a complete necropsy on your dog. This will ensure that the information collected will have the maximum benefit for all dogs.**

# Frequently Asked Questions

For the latest updates, please visit:

■ [morrisanimalfoundation.org/faq](https://morrisanimalfoundation.org/faq)

# Resources

## MORRIS ANIMAL FOUNDATION WEBSITE

Additional resources for owners and veterinarians participating in the Study can be located at **[morriscaninefoundation.org](https://morriscaninefoundation.org)**. Options include:

- [FAQs](#)
- [Owner Resources](#)
- [Veterinary Resources](#)
- [Contact Us page](#)

## NEWS

Keep up with the latest from the Golden Retriever Lifetime Study and the Canine Lifetime Health project at **[morriscaninefoundation.org/stay-connected](https://morriscaninefoundation.org/stay-connected)**.

# Resources continued

## **GOLDEN RETRIEVER LIFETIME STUDY SUPPORTERS**

### **Closed Facebook Group**

The 3000 Strong community volunteers manage a closed group on Facebook to support the Golden Retriever Lifetime Study, and to encourage continued participation among golden retriever owners, breeders and veterinarians. **[facebook.com/groups/3000Strong](https://www.facebook.com/groups/3000Strong)**.

# Resources

continued

## ADDITIONAL READING

### ***The Golden Retriever***

Jeffrey G. Pepper  
Kennel Club Books  
ISBN: 978-1593786861

### ***The Golden Retriever Puppy Handbook***

R. Ann Johnson  
The Darwin Press, Inc.  
ISBN: 978-0878501656

### ***How to Raise a Puppy You Can Live With***

Clarice Rutherford and David H. Neil  
Alpine Publications, Inc.  
ISBN: 978-1577790761

### ***Making Decisions When Your Companion Animal is Sick***

Argus Institute  
Colorado State University  
ISBN: 978-0692001035

### ***Pets Living with Cancer: A Pet Owner's Resource***

Robin Downing, DVM  
AAHA Press  
ISBN: 978-1583260227

### ***The Power of Positive Dog Training***

Pat Miller  
Howell Book House  
ISBN: 978-0470241844

### ***Speaking for Spot: Be the Advocate Your Dog Needs to Live a Happy, Healthy, Longer Life***

Dr. Nancy Kay  
Trafalgar Square Books  
ISBN: 978-1570764059

### ***The Ultimate Golden Retriever***

Valerie Foss  
Howell Book House  
ISBN: 978-0764526381

### ***When Your Pet Dies: A Guide to Mourning, Remembering, and Healing***

Alan D. Wolfelt, PhD  
Companion Press  
ISBN: 978-1879651364

### ***Zoobiquity***

Barbara Natterson-Horowitz, MD,  
and Kathryn Bowers  
Knopf  
ISBN: 978-0307593481

# Contacts

## VETERINARIAN CONTACT INFORMATION

Please use the space below to record your veterinarian's contact information for future reference.

### Primary Veterinarian:

---

Clinic Name:

---

Clinic Address:

---

Clinic Phone:

---

Primary Contact Person:

---

Veterinarian's Email Address:

---

### Secondary Veterinarian:

---

Clinic Name:

---

Clinic Address:

---

Clinic Phone:

---

Primary Contact Person:

---

Veterinarian's Email Address:

---

### Emergency Veterinarian:

---

Clinic Name:

---

Clinic Address:

---

Clinic Phone:

---

Primary Contact Person:

---

Veterinarian's Email Address:

---

# Contacts continued

## VETERINARY SPECIALISTS INFORMATION

Please use the space below to record your veterinarian's contact information for future reference.

**Veterinarian/Specialty:**

---

Clinic Name:

---

Clinic Address:

---

Clinic Phone:

---

Primary Contact Person:

---

Veterinarian's Email Address:

---

**Veterinarian/Specialty:**

---

Clinic Name:

---

Clinic Address:

---

Clinic Phone:

---

Primary Contact Person:

---

Veterinarian's Email Address:

---

**Veterinarian/Specialty:**

---

Clinic Name:

---

Clinic Address:

---

Clinic Phone:

---

Primary Contact Person:

---

Veterinarian's Email Address:

---

# Contacts **continued**

## STUDY TEAM CONTACT INFORMATION

### **Golden Retriever Lifetime Study Team**

Website: [morrisonanimalfoundation.org](http://morrisonanimalfoundation.org)

Email address: [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org)

Toll-free: 855.4GR.DOGS (855.447.3647)

### **Morris Animal Foundation**

720 South Colorado Boulevard, Suite 174A

Denver, CO 80246

800.243.2345

[morrisonanimalfoundation.org](http://morrisonanimalfoundation.org)

*Morris Animal Foundation is a nonprofit organization. | Tax ID: 84-6032307*

# About Morris Animal Foundation

Morris Animal Foundation is a global leader in funding scientific studies that advance the health of companion animals, horses and wildlife. Since its founding in 1948, the Foundation has invested over \$136 million toward more than 2,780 studies that have led to significant breakthroughs in the diagnosis, treatment and prevention of diseases to benefit animals worldwide.

## OUR HISTORY

Dr. Mark L. Morris Sr. believed there was a need for a foundation that solely addressed the health and welfare of animals. He also knew science has the power to change the world. When he established Morris Animal Foundation in 1948, Dr. Morris envisioned a world in which scientific discoveries would lead to healthy lives for animals.

## OUR IMPACT

**Improved Cancer Treatments and Diagnostics:** Morris Animal Foundation has supported animal cancer studies since the 1950s. These studies have led to more effective chemotherapy treatments and improved diagnostic tools for cancers affecting dogs, cats, horses and wildlife.

**Vaccines for Preventing Disease:** Morris Animal Foundation funded preliminary work that led to the development of numerous vaccines, including those for parvovirus in dogs, leukemia in cats and valley fever in horses. These vaccines have saved the lives of thousands of animals.

**Dietary Management of Health Issues:** Foundation-funded investigators have improved dietary management of diabetes in cats, kidney disease in dogs, and tying-up in horses.

**Tools for Studying Genetic Diseases:** Foundation-funded researchers have developed tools for discovering genetic mutations and predispositions to feline diseases. Other studies have led to genetic tests for equine and canine diseases.

Learn more about science that makes a difference in the lives of animals at [morrisanimalfoundation.org](http://morrisanimalfoundation.org).

# Golden Retriever Lifetime Study Journal

This section is provided as an optional tool to help you keep track of important information about your dog throughout each Study year. We recommend you use this journal to **record any changes** in your dog’s typical routine.

Each portion of this journal parallels some of the information Morris Animal Foundation will ask for in your annual questionnaire. If you have any questions, contact the Study team at [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org).

Please take a moment to familiarize yourself with this section to help you identify the type of information you will want to record throughout the year.

## JOURNAL CONTENTS

Website User Name and Password Information.....	25
Additional Information About Your Dog .....	25
Travel History.....	26
Reproductive History – Female .....	27
Reproductive History - Male.....	28
Physical Activity .....	29
Medications.....	30
Dental Records .....	31
Grooming History .....	32
Home Environment .....	33
Diet History .....	34
Dam and Sire History .....	35
Glossary .....	38
Daily Food Diary .....	45



## WEBSITE USER NAME AND PASSWORD INFORMATION

You may keep track of your website login and password information here. Your password is case-sensitive. Your username is your full email address.

USER NAME/EMAIL ADDRESS:			
DATE	CURRENT PASSWORD	DATE	CURRENT PASSWORD

## ADDITIONAL INFORMATION ABOUT YOUR DOG

Health Insurance Provider: \_\_\_\_\_

My dog has information in the following databases:

- CHIC – caninehealthinfo.org
- CERF – ofa.org/eyes
- OFA – ofa.org
- MADGiC – modianolab.org & breenlab.org
- PennHIP – pennhip.org

## TRAVEL HISTORY

Record any locations (other than your primary or secondary residence) where your dog traveled for one week or more.

PLACES				
LOCATION (CITY, STATE, COUNTRY)	POSTAL CODE	BEGINNING MONTH	DURATION (WEEKS)	TRAVEL MODE

KENNELS OR BOARDING FACILITIES				
LOCATION (CITY, STATE, COUNTRY)	POSTAL CODE	BEGINNING MONTH	DURATION (WEEKS)	TRAVEL MODE

## REPRODUCTIVE HISTORY

Record breeding information for your female on this page. If your female dog was spayed during the year, include any breeding information up to the spay date.

INTACT FEMALE: HEAT CYCLES				
DATE FROM	DATE TO	BRED DURING THIS HEAT CYCLE?	PREGNANCY RESULT?	PREGNANCY TERMINATED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

HEAT CYCLES PREVENTED WITH HORMONE THERAPY		
DATE FROM	DATE TO	PRODUCT USED

LITTERS				
DATE BORN	NATURAL OR C-SECTION?	NUMBER OF LIVE PUPS	NUMBER OF WEEKS NURSED	NUMBER OF WEANED PUPS
	<input type="checkbox"/> NATURAL <input type="checkbox"/> C-SECTION			
	<input type="checkbox"/> NATURAL <input type="checkbox"/> C-SECTION			

Heat cycles prevented with hormone therapy from:  to

Product used to prevent heat cycle:

SPAYED FEMALE		
FEMALE WAS SPAYED	DATE:	REASON:

Did your dog experience any heat cycles before being spayed?  YES  NO

If yes, please refer to the questions below if applicable.

## REPRODUCTIVE HISTORY

NEUTERED MALE		
MALE WAS NEUTERED	DATE:	REASON:

Was your dog previously active as a breeder?  YES  NO  
If yes, please refer to the questions below if applicable.

INTACT MALE			
DATE	NAME OF FEMALE	NUMBER OF TIES	PREGNANCY RESULT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

FERTILITY CONCERNS		
DATE	DESCRIPTION	OUTCOME



## MEDICATIONS

Record here the over-the-counter and prescription medications given to your dog. Please include dewormers (such as heartworm preventives) and flea and tick treatments.

START DATE	MEDICATION NAME	DOSE		FREQUENCY (e.g., once or twice per day)	DURATION (e.g., number of days, weeks, months)
		STRENGTH (e.g., 10 milligrams)	AMOUNT (e.g., 1 tablet)		





## HOME ENVIRONMENT

Include any **changes** regarding your dog's environment and exposures.

LIVING SPACE			
DATE	DESCRIPTION OF DAILY ENVIRONMENT		DESCRIPTION OF SLEEPING ENVIRONMENT
FERTILIZERS			
DATE	PRODUCT NAME	WHERE USED	
WEED CONTROL			
DATE	PRODUCT NAME	WHERE USED	
PESTICIDE CONTROL			
DATE	PRODUCT NAME	WHERE USED	
POISON EXPOSURE			
DATE	PRODUCT NAME-INGESTED (If so, what was the outcome?)	AMOUNT	WAS A VETERINARY VISIT REQUIRED?





# Dam and Sire Medical History Record Form

Fill out this form to the best of your ability. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mast cell tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basal cell tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Melanoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bile duct (biliary) tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple myeloma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nasal tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain/spinal cord tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Osteosarcoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast or mammary tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancreatic tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidermoid cyst (follicular cyst)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Papilloma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perianal adenocarcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair matrix tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perianal adenoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pituitary tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemangioma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plasmacytoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemangiosarcoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prostate tumor	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Histiocytic sarcoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sebaceous adenoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histiocytoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft tissue sarcoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squamous cell carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/intestinal tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Type _____				Testicular cancer	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Lipoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thymoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other neoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			

## CARDIOVASCULAR/RESPIRATORY

Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonic stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subaortic stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other cardio/respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartworm infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

## SKIN CONDITIONS

Anal sac/gland disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermatophytosis (ringworm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-specific dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacterial dermatitis (Pyoderma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Papilloma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perianal dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demodectic mange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perivulvar dermatitis	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pododermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flea allergy dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pruritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food allergy dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sarcoptic mange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot spots (moist eczema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ichthyosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sebaceous cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lick granuloma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other skin condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Specify Type _____			

ENDOCRINE (HORMONE)	Dam	Sire	Littermate		Dam	Sire	Littermate
Addison's disease (hypoadrenocorticism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypercalcemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cushing's disease (hyperadrenocorticism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes insipidus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancreatic insufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Specify Type _____			
GASTROINTESTINAL (DIGESTIVE)							
Bloat with torsion (GDV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal foreign body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloat without torsion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Megaesophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic colitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancreatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastritis/Gastroenteritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			
HEMATOLOGIC (BLOOD)							
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other hematologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombocytopenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			
Von Willebrand's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
URINARY							
Bladder infection/cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney infection/pyelonephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystalluria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proteinuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ectopic ureter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			
Kidney failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NERVOUS SYSTEM							
Cauda equina syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures of unknown origin (epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia or senility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma/injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horner's syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wobbler syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngeal paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other nervous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limb paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			
Myasthenia gravis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
MUSCULOSKELETAL							
Bone fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Osteochondritis dissecans (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cruciate ligament rupture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panosteitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patellar luxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spondylosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervertebral disc disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma/injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lameness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			

EYE	Dam	Sire	Littermate		Dam	Sire	Littermate
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keratoconjunctivitis sicca (KCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corneal ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distichiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or degeneration			
Ectropion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Third eyelid tear gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entropion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma/Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uveitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iris cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			

#### EAR-NOSE-THROAT

Aural hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhinitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epistaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper respiratory infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otitis externa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other ear-nose-throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharyngitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			

#### REPRODUCTIVE

Dystocia	<input type="checkbox"/>		<input type="checkbox"/>	Cryptorchid - Bilateral		<input type="checkbox"/>	<input type="checkbox"/>
Mastitis	<input type="checkbox"/>		<input type="checkbox"/>	Cryptorchid - Unilateral		<input type="checkbox"/>	<input type="checkbox"/>
Papilloma/genital warts	<input type="checkbox"/>		<input type="checkbox"/>	Mastitis		<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>		<input type="checkbox"/>	Papilloma/genital warts		<input type="checkbox"/>	<input type="checkbox"/>
Pyometra	<input type="checkbox"/>		<input type="checkbox"/>	Preputial infection		<input type="checkbox"/>	<input type="checkbox"/>
Recessed vulva	<input type="checkbox"/>		<input type="checkbox"/>	Prostate abscess		<input type="checkbox"/>	<input type="checkbox"/>
Vaginitis	<input type="checkbox"/>		<input type="checkbox"/>	Prostate enlargement (benign)		<input type="checkbox"/>	<input type="checkbox"/>
Other reproductive (dam)	<input type="checkbox"/>		<input type="checkbox"/>	Prostatitis		<input type="checkbox"/>	<input type="checkbox"/>
Specify Type _____				Other reproductive (sire)		<input type="checkbox"/>	<input type="checkbox"/>
				Specify Type _____			

#### INFECTIOUS DISEASE

Anaplasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isospora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lyme disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coccidia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parvovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eimeria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rocky Mountain spotted fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ehrlichia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roundworms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tapeworm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fungal infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Type _____				Tracheobronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(kennel cough)			
Granuloma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whipworms _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hookworms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Type _____			

Are you aware of any additional diagnoses of medical significance for the dam, sire or littermate in the past 12 months? _____	<b>Dam</b>	<b>Sire</b>	<b>Littermate</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## NEOPLASIAS (CANCER/TUMORS)

Term	Definition
<b>Adrenal tumor</b>	Any tumor (benign or malignant) of the adrenal gland
<b>Basal cell tumor</b>	A type of malignant skin tumor
<b>Bile duct (biliary) tumor</b>	Any tumor (benign or malignant) of the biliary (bile duct) system
<b>Bladder tumor</b>	Any tumor (benign or malignant) of the urinary bladder
<b>Brain/spinal cord tumor</b>	Any tumor (benign or malignant) of either the brain or spinal cord
<b>Breast or mammary tumor</b>	Any tumor (benign or malignant) of the mammary glands
<b>Epidermoid cyst (follicular cyst)</b>	A benign cyst usually found on the skin
<b>Eye tumor</b>	Any tumor (benign or malignant) found in the eye
<b>Hair matrix tumor</b>	Any tumor (benign or malignant) that arises from the hair follicle
<b>Heart tumor</b>	Any tumor (benign or malignant) found in the heart
<b>Hemangioma</b>	A benign tumor arising from vascular tissue
<b>Hemangiosarcoma</b>	A malignant tumor arising from vascular tissue
<b>Histiocytic sarcoma</b>	A malignant tumor arising from histiocytes (a type of white blood cell)
<b>Histiocytoma</b>	A benign tumor arising from histiocytes (a type of white blood cell)
<b>Kidney tumor</b>	Any tumor (benign or malignant) found in the kidneys
<b>Leukemia</b>	A malignant cancer of blood cells
<b>Lipoma</b>	A benign tumor of fat cells
<b>Liver tumor</b>	Any tumor (benign or malignant) found in the liver
<b>Lung tumor</b>	Any tumor (benign or malignant) found in the lung
<b>Lymphoma</b>	A malignant cancer arising from lymphocytes (a type of white blood cell)
<b>Mast cell tumor</b>	A tumor arising from mast cells (a specialized type of white blood cell)
<b>Melanoma</b>	A tumor arising from melanocytes, skin cells that produce skin pigment
<b>Multiple myeloma</b>	A malignant tumor arising from plasma cells (a specialized type of white blood cell)
<b>Nasal tumor</b>	Any tumor (benign or malignant) of the nasal cavity and/or paranasal sinuses
<b>Osteosarcoma</b>	A type of malignant bone tumor
<b>Pancreatic tumor</b>	Any tumor (benign or malignant) found in the pancreas
<b>Papilloma</b>	Benign, sometimes multiple, tumors caused by viruses
<b>Perianal adenocarcinoma</b>	A malignant tumor of the perianal glands
<b>Perianal adenoma</b>	A benign tumor of the perianal glands
<b>Pituitary tumor</b>	Any tumor (benign or malignant) found in the pituitary gland
<b>Plasmacytoma</b>	A benign tumor arising from plasma cells (a specialized type of white blood cell)
<b>Prostate tumor</b>	Any tumor (benign or malignant) found in the prostate gland
<b>Sebaceous adenoma</b>	A type of benign skin tumor
<b>Soft tissue sarcoma</b>	A group of malignant tumors that arise from connective tissue
<b>Squamous cell carcinoma</b>	A type of malignant cancer arising from the epidermis (a layer of the skin)
<b>Stomach/intestinal tumor</b>	Any tumor (benign or malignant) found in the gastrointestinal tract
<b>Testicular tumor</b>	Any tumor (benign or malignant) found in the testicle

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## NEOPLASIAS (CANCER/TUMORS) - CONT.

Term	Definition
<b>Thymoma</b>	A tumor arising from the thymus, an organ of the immune system
<b>Thyroid tumor</b>	Any tumor (benign or malignant) found in the thyroid gland

## CARDIOVASCULAR/RESPIRATORY

<b>Arrhythmia</b>	An abnormal heartbeat
<b>Cardiomyopathy</b>	A disease of the heart muscle
<b>Congestive heart failure</b>	A condition that occurs when the heart cannot pump enough blood to meet the body's needs
<b>Cough</b>	A reflex response triggered by material in the air passages. It can be characterized as dry and hacking; moist and bubbly; gagging; wheezy; harsh; productive or non-productive. It can be frequent, acute, chronic, or intermittent.
<b>Heartworm infection</b>	A disease caused by <i>Dirofilaria immitis</i> , a parasite transmitted by mosquitoes
<b>Murmur</b>	Abnormal heart sounds made by turbulent blood flow through the heart
<b>Pneumonia</b>	A condition of the lungs involving inflammation and congestion resulting from infection by viruses, bacteria or fungi
<b>Pulmonic stenosis</b>	A narrowing of the pulmonary valve in the heart, slowing the flow of blood from the heart to the lungs
<b>Subaortic stenosis</b>	A narrowing of the aortic valve in the heart, which slows the flow of blood out of the aorta (the largest artery in the body)

## SKIN CONDITIONS

<b>Anal sac/gland disorder</b>	Any condition of the anal gland and their ducts
<b>Atopy</b>	A genetic tendency towards the development of allergic diseases
<b>Bacterial dermatitis (pyoderma)</b>	An infection of the skin caused by bacteria
<b>Contact dermatitis</b>	Inflammation of the skin resulting from direct contact with an irritating substance
<b>Flea allergy dermatitis</b>	Skin inflammation caused by an allergic reaction to flea bites
<b>Food allergy dermatitis</b>	Skin inflammation caused by an allergic reaction to food
<b>Non-specific dermatitis</b>	Inflamed skin and skin rashes secondary to a number of causes, including allergies, fleas, mange mites and bacterial or fungal infections
<b>Perianal dermatitis</b>	Inflammation of the skin surrounding the anus
<b>Perivulvar dermatitis</b>	Inflammation surrounding the outside of the female genital area
<b>Pododermatitis</b>	Inflammation of the feet
<b>Demodectic mange</b>	A skin disease caused by Demodex mites
<b>Dermatophytosis (ringworm)</b>	A type of fungal skin infection
<b>Dry skin</b>	Flaky or scaly skin
<b>Hot spots (moist eczema)</b>	A bacterial infection on the skin, typically described as raw skin patches appearing quickly

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## SKIN CONDITIONS - CONT.

Term	Definition
<b>Icthyosis</b>	A generalized skin disorder (common in golden retrievers), variable in severity and characterized by excessive, large scales that can flake in sheets
<b>Lick granuloma</b>	Skin disorder caused by excessive licking
<b>Papilloma</b>	Benign, sometimes multiple, tumors caused by viruses
<b>Pruritis</b>	The sensation that provokes a desire to itch, scratch, rub, chew or lick hair and skin
<b>Sarcoptic mange</b>	A skin disease caused by Sarcoptes mites
<b>Seasonal allergy</b>	Based on the time of year, an allergic reaction to surrounding flora
<b>Sebaceous cyst</b>	A benign, visible, enclosed sac below the skin

## ENDOCRINE (HORMONE)

<b>Addison's disease (<i>hypoadrenocorticism</i>)</b>	A disorder that occurs when the adrenal glands produce too little cortisol (a hormone) and often insufficient levels of aldosterone (a hormone)
<b>Cushing's disease (<i>hyperadrenocorticism</i>)</b>	A disorder that occurs when the adrenal glands produce too much cortisol (a hormone)
<b>Diabetes insipidus</b>	A disorder of fluid regulation characterized by excessive drinking and the excretion of large amounts of urine
<b>Diabetes mellitus</b>	A disease that results in high blood glucose (blood sugar) levels
<b>Hypercalcemia</b>	Elevated blood calcium levels
<b>Hypothyroidism</b>	A disorder resulting in low blood thyroid hormone levels
<b>Pancreatic insufficiency</b>	A condition in which the pancreas does not excrete a sufficient amount of digestive enzymes, leading to abnormal digestion and poor absorption of nutrients

## GASTROINTESTINAL (DIGESTIVE)

<b>Bloat with torsion (GDV)</b>	A condition in which the stomach fills with air and twists upon itself
<b>Bloat without torsion</b>	A condition in which the stomach fills with air/other material and expands but does not twist
<b>Chronic colitis</b>	Persistent inflammation of the colon
<b>Diarrhea</b>	Stool with a looser than normal consistency
<b>Food sensitivity</b>	An adverse reaction to something eaten, usually resulting in diarrhea or vomiting (different from a food allergy)
<b>Gastritis/gastroenteritis</b>	Inflammation of the lining of the stomach and intestine
<b>Gastrointestinal foreign body</b>	An object that has been ingested and trapped in the stomach or intestines
<b>Malabsorption disorder</b>	Syndrome caused by impaired absorption of nutrients in the intestines
<b>Megasophagus</b>	An abnormally enlarged esophagus causing accumulation of food in the esophagus resulting in regurgitation (vomiting without retching)
<b>Pancreatitis</b>	Inflammation of the pancreas
<b>Vomiting</b>	Forcible ejection of stomach and/or intestinal contents

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## HEMATOLOGIC (BLOOD)

Term	Definition
<b>Anemia</b>	A condition in which there is an insufficient number of red blood cells (oxygen-carrying cells) in the blood
<b>Thrombocytopenia</b>	A decrease in the number of platelets in circulating blood. Platelets are cells that aid in the clotting of blood.
<b>Von Willebrand disease</b>	An inherited bleeding disorder

## URINARY

<b>Bladder infection (<i>cystitis</i>)</b>	Any infection of the lining of the bladder
<b>Bladder stones</b>	A collection of mineral-based crystals that aggregate to form a stone in the bladder
<b>Crystalluria</b>	Minerals which precipitate in the urine
<b>Ectopic ureter</b>	Any ureter which empties into a location other than the bladder
<b>Incontinence</b>	Loss of normal bladder control
<b>Kidney failure</b>	A condition that occurs when the kidneys are unable to adequately filter waste products from the blood
<b>Kidney infection/pyelonephritis</b>	Inflammation/infection of the kidney
<b>Kidney stones</b>	A collection of mineral-based crystals that aggregate to form a stone in one or both kidney(s)
<b>Proteinuria</b>	The presence of protein in the urine

## NERVOUS SYSTEM

<b>Cauda equina syndrome (<i>degenerative lumbosacral stenosis</i>)</b>	A progressive condition of the lumbosacral spine caused by compression of nerve roots
<b>Dementia or senility</b>	A loss of memory or mental ability resulting in changes in behavior
<b>Horner's syndrome</b>	An eye condition caused by nerve damage
<b>Laryngeal paralysis</b>	Paralysis of the muscles of the larynx
<b>Limb paralysis</b>	The inability to move a limb secondary to disruption of nerve connections to muscles
<b>Myasthenia gravis</b>	An autoimmune disorder of signal transmission between the nerves and muscles
<b>Seizures of unknown origin (<i>epilepsy</i>)</b>	A condition of frequent or recurring seizures with no underlying cause
<b>Trauma/injury</b>	Damage to a biological organism caused by physical harm from an external source
<b>Wobbler syndrome</b>	A disease of the cervical spine (neck) that is characterized by compression of the spinal cord and/or nerve roots

## MUSCULOSKELETAL

<b>Bone fracture</b>	Fracture of the bone from any cause
<b>Cruciate ligament rupture</b>	A tear of one of the ligaments in the knee. Can be partial or complete.
<b>Elbow dysplasia</b>	A condition in which growth and development of the elbow joint is abnormal

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## MUSCULOSKELETAL - CONT.

Term	Definition
<b>Growth deformity</b>	Any area of the skeletal system that develops abnormally during growth
<b>Hip dysplasia</b>	A condition in which growth and development of the hip joints are abnormal
<b>Intervertebral disc disease</b>	A disease affecting the padding, or discs, found between the vertebrae of the spine
<b>Lameness</b>	A disturbance in the gait and the ability to move the body
<b>Osteoarthritis</b>	A joint disease in which the cartilage and bone deteriorate, leading to inflammation
<b>Osteochondritis dissecans (OCD)</b>	A developmental disorder in which a flap of cartilage separates from the bone beneath it
<b>Panosteitis</b>	An inflammatory disease that primarily affects the long bones of growing large and giant breed dogs
<b>Patellar luxation</b>	A dislocation of the knee cap, or patella, of the stifle (knee) joint
<b>Rheumatoid arthritis</b>	An immune-mediated disease which causes painful swollen joints and lameness and erosion of bone
<b>Spondylosis</b>	A non-inflammatory condition of the spine characterized by the formation of bony projections from the vertebrae
<b>Trauma/injury</b>	Damage to a biological organism caused by physical harm from an external source

## EYE

<b>Cataracts</b>	A discrete clouding of the lens of the eye
<b>Conjunctivitis</b>	Any inflammation of the mucous membranes associated with the eye
<b>Corneal ulcer</b>	A deep erosion of the cornea
<b>Distichiasis</b>	A condition in which there are two rows of eyelashes instead of one
<b>Ectropion</b>	A condition in which the lower eyelid turns outward
<b>Entropion</b>	A condition in which the eyelid (usually the lower) folds inward
<b>Glaucoma</b>	A group of eye conditions characterized by high intraocular pressure that results in optic nerve damage and loss of vision
<b>Imperforate lacrimal punctum</b>	A birth disorder involving the lack of an opening to the tear duct in the interior of the eye
<b>Iris cyst</b>	A growth on the colored portion of the eye, generally caused by injury or inflammation
<b>Keratoconjunctivitis sicca (KCS)</b>	A condition where insufficient tears are produced to lubricate the eye; also known as dry eye syndrome
<b>Pigmentary uveitis</b>	Inflammation of the uvea (the part of the eye containing the iris); hereditary disease in golden retrievers
<b>Progressive retinal atrophy or degeneration</b>	An inherited, degenerative diseases of the retina (the layer of the eye that receives and processes images), leading to blindness
<b>Third eyelid tear gland prolapse</b>	A condition where the third eyelid moves out of its normal position, may swell and become very red
<b>Trauma/injury</b>	Damage to the eye caused by physical harm from an external source
<b>Uveitis</b>	Inflammation of the uvea (the part of the eye containing the iris)

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## EAR-NOSE-THROAT

Term	Definition
<b>Aural hematoma</b>	A collection of blood under the skin of the ear flap (sometimes called the pinna)
<b>Epistaxis</b>	Nose bleed
<b>Hearing problem</b>	Any auditory impairment including deafness or partial deafness
<b>Otitis externa</b>	Medical term for inflammation of the external parts of the ear
<b>Pharyngitis</b>	Inflammation of the area between the mouth and the esophagus
<b>Rhinitis</b>	Inflammation of the mucus membranes of the nose
<b>Tonsillitis</b>	Inflammation in the tonsils
<b>Upper respiratory infection</b>	Illnesses caused by an infection which involves the upper respiratory tract including the nose, sinuses, pharynx or larynx

## REPRODUCTIVE

<b>Cryptorchid - Bilateral</b>	A condition occurring when both testicles do not descend into the scrotum
<b>Cryptorchid - Unilateral</b>	A condition occurring when one testicle does not descend into the scrotum
<b>Dystocia</b>	A difficult birth process
<b>Mastitis</b>	A bacterial infection of one or more lactating (milk-producing) mammary glands
<b>Papilloma/genital warts</b>	Benign, sometimes multiple, tumors caused by viruses
<b>Pregnancy</b>	The period from conception to birth
<b>Preputial infection</b>	A bacterial infection of the prepuce (skin covering the penis)
<b>Prostate abscess</b>	An abscess of the prostate gland
<b>Prostate enlargement (benign)</b>	Spontaneous and age-related enlargement of the prostate
<b>Prostatitis</b>	Inflammation of the prostate gland
<b>Pyometra</b>	An infection characterized by pus accumulation within the uterus
<b>Recessed vulva</b>	A conformational defect characterized by folds of skin partially covering the vulva
<b>Vaginitis</b>	Inflammation of the vagina

## INFECTIOUS DISEASE

<b>Anaplasma</b>	A tick-transmitted bacteria that can cause anaplasmosis
<b>Babesia</b>	A tick-transmitted protozoa that can cause babesiosis
<b>Coccidia</b>	A general term for protozoa that invade the lining of the intestinal tract causing diarrhea
<b>Eimeria</b>	A coccidia that invades the intestinal tract typically causing diarrhea
<b>Ehrlichia</b>	A tick-transmitted bacteria that can cause ehrlichiosis
<b>Fleas</b>	Wingless insects with mouthparts adapted for piercing skin and living off the blood of mammals and birds
<b>Fungal infection</b>	Any infection caused by a fungus
<b>Giardia</b>	An intestinal infection caused by a protozoa

# Glossary of Terms

Refer to this glossary to help you complete the Dam and Sire Medical History Record Form

## INFECTIOUS DISEASE - CONT.

Term	Definition
<b>Granuloma</b>	A benign skin growth
<b>Hookworms</b>	Parasitic worms that attach to the lining of the small intestines and suck blood and tissue fluids from the host
<b>Influenza</b>	A contagious respiratory disease caused by influenza virus
<b>Isospora</b>	A coccidia that invades the intestinal tract typically causing diarrhea
<b>Lyme disease</b>	A disease caused by the tick-transmitted bacteria <i>Borrelia burgdorferi</i>
<b>Parvovirus</b>	An intestinal virus that invades the lining of the intestine, causing disease
<b>Rocky Mountain spotted fever</b>	A disease caused by the tick-transmitted bacteria <i>Rickettsia rickettsii</i>
<b>Roundworms</b>	Parasitic worms that primarily invade the small intestine
<b>Tapeworm</b>	Parasitic worms that invade the intestinal tract
<b>Ticks</b>	Insects that feed on the blood of other animals
<b>Tracheobronchitis (kennel cough)</b>	An inflammation of the trachea (windpipe) and bronchial tubes caused by many different infectious agents
<b>Whipworms</b>	Parasitic worms that primarily invade the large intestine



## Veterinary Records

Please insert copies of your veterinary medical records and related veterinary receipts in this section for reference throughout the Study.

# Thank You to Our Partners

## FOUNDING PARTNER

The Mark & Bette Morris Family Foundation

## PLATINUM PARTNERS



## GOLD SPONSORS

Golden Retriever Foundation  
Hadley and Marion Stuart Foundation  
Zoetis

## GOLDEN CHAMPIONS

Mars Veterinary

---

Please contact the Study team at 855.447.3647 for advice or assistance with any sample submission or to request replacement or additional supplies.



**MORRIS  
ANIMAL  
FOUNDATION**

**GOLDEN RETRIEVER  
LIFETIME STUDY**

Golden Retriever Lifetime Study Team (Customer Service)

**Website:** [morrisanimalfoundation.org](http://morrisanimalfoundation.org)

**Email address:** [grdogs@caninelifetimehealth.org](mailto:grdogs@caninelifetimehealth.org)

**Toll-free:** 855.4GR.DOGS (855.447.3647)