



Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573) 875-5073
www.offa.org

Dalmatian Health History Database

Submit completed forms via mail to the address above, by fax to 573-875-5073, or by email to edziuk@offa.org

Previous application number (if any)

Registered name

Call Name

DALMATIAN
Breed

ID number Tattoo Microchip CHIC #

Owner name

Street address

City State/Province Zip/postal code

Registration number AKC CKC Other _____

Sex male female
Color black liver Other _____ Patched yes no

Eye Color brown brown/blue blue/blue Other _____

Date of birth (month-day-year)

Registration # of sire Registration # of dam

Co-owner name

Owner email

Owner phone

DNA Sample Submission Agreement

I hereby donate, assign, and transfer a DNA sample of the dog named above to the CHIC DNA Repository for research purposes and warrant my authority to do so. I understand that any future use or distribution of this DNA sample will be within the sole direction and authority of the CHIC DNA Repository. I authorize the OFA to provide any researchers receiving a portion of this sample with all necessary information including pedigree and health history to make the sample useful. My intent in providing this DNA sample is to further research into canine health issues. I hereby relinquish all rights to, and ownership of, the DNA sample.

Signature of owner/agent

Date

Please attach a three-generation pedigree if you DO NOT have AKC registration.

Has this dog ever been diagnosed with any of the following health issues?

Eye Disorders

- Distichiasis
- Entropion / Ectropion
- Juvenile Cataracts
- Non Healing Corneal Ulcer
- Glaucoma
- Dry eye
- Corneal Dystrophy
- Senior Cataracts
- Other _____

Ear Disorders

- Deafness - Bilateral
- Deafness – Unilateral Right
- Deafness – Unilateral Left
- Chronic Ear Infections
- Other _____

Skin Disorders

- Atopic Dermatitis (allergy to inhaled substances)
- Food/Medicine Allergies
- Autoimmune Skin Disease
- Systemic Demodectic Mange
- Seborrhea
- Other _____

Gastrointestinal Disorders

- Megacosophagus
- Inflammatory Bowel Disease
- Pancreatitis
- Other _____

Respiratory Disorders

- Type, if known _____

Orthopedic Disorders

- Hip Dysplasia
- Patellar Luxation
- Elbow Dysplasia
- Premature IVD (intervertebral disc degeneration)
- Hypertrophic Osteodystrophy
- Panosteitis
- Arthritis
- Crucial Ligament Rupture
- Other _____

Cardiac Disorders

- Mitral Valve Defect
- Cardiomyopathy
- Heart Murmur
- Congenital Heart Defect, describe _____
- Other _____

Dental

- Overbite
- Underbite
- Missing Teeth
- Other, describe _____

Kidney/Urinary Tract Disorders

- Bladder/Kidney Stones Recurring Yes No
Type: urate struvite other _____
- Crystals Recurring Yes No
Type: urate struvite other _____
- Renal Disease; Type if known _____
- Chronic Urinary Infections
- Ectopic Ureters
- Backcross Dalmatian
 LUA heterozygous LUA homozygous
 HUA unknown
- Non-Backcross Dalmatian, HUA
- Other _____

Blood/Lymph Disorders

- Autoimmune Hemolytic Anemia
- Idiopathic Thrombocytopenia
- Other _____

Endocrine Disorders

- Hypothyroid
- Addison's disease (adrenal insufficiency)
- Cushing's disease (adrenal oversecretion)
- Diabetes
- Other _____

Reproductive Disorders

- Cryptorchid/Monorchid
- Irregular heat cycle
- Uterine Inertia
- Gave birth via c-section
- Failure to Conceive
- Eclampsia
- False Pregnancy
- Litter Reabsorption
- Pyometria
- Sterility
- Other _____

Neurologic Disorders

- Epilepsy
- Degenerative Myelopathy
- Intervertebral Disc Disease
- Other _____

Cancer/Tumors

- Type, if known _____

Liver / Hepatic

- Copper Storage Disease
- Hepatitis
- Porto Systemic Shunts
- Other, describe _____

Temperament

- Aggressive
- Separation Anxiety
- Fear noise / storms
- Timid / Shy
- Other, describe _____