

LEONBERGER OPEN HEALTH REGISTRY DEMOGRAPHIC DATA FORM

Date

_____ Check here if dog is new

_____ Check here if dog is being updated

Owner Information

Name _____	
Address _____	
City _____	State/Province _____
Country _____	Zip/Postal Code _____
Phone _____	Fax _____
e-mail _____	
Preferred method of contact _____	

Dog Demographic Information

Registered Name _____			
Litter Registration/Tattoo Number _____			
Microchip Number _____			
Call Name _____			
Birth Date _____			
Gender		_____ Male	_____ Female
Reproductive Status		_____ Intact	_____ Spayed _____ Neutered
Sire Registered Name _____			
Sire Registered Number _____			
Dam Registered Name _____			
Dam Registered Number _____			

Please return this form to: Leonberger Open Health Registry, 25439 St. Mary's Road, Mettawa, IL 60048

You may wish to photocopy this page

LEONBERGER OPEN HEALTH REGISTRY HEALTH DATA FORM

	No	Yes	If yes, age at onset	Provide a description including type and location use second sheet if necessary
Osteosarcoma (Bone Cancer)				
Hemangiosarcoma (Blood Cancer)				
Cataracts				
Glaucoma				
Hip Dysplasia				
Elbow Dysplasia				
OCD				
Thyroid Abnormalities				
Cardiomyopathy				
Perianal Fistulas				
Bloat				
Inflammatory Bowel Disease				
Kidney Disease				
Liver Disease				
Addison's Disease				
Laryngeal Paralysis				
Poly Neuropathy				
Missing Teeth (which one(s))				

Have the following health screening tests been performed? If so, please attach copies of certificates.

	OFA Hips	OFA Elbows	Penn Hip	OFA Thyroid Panel	von Willebrand Test	CERF
Yes						
No						

Deceased Dog Information

Date of Death _____

Mode of Death _____ Euthanasia _____ Accidental _____ Natural

Medical Cause _____

Was an autopsy performed? _____ If so, was it helpful? _____

The health information above was submitted by me and is, to the best of my knowledge, correct.

Sign _____ Date _____

Thank you for participating in the Leonberger Open Health Registry. We appreciate the time you have taken to complete this registry form. Please return the form with copies of health certificates to:

Leonberger Open Health Registry, 25439 St. Mary's Road, Mettawa, IL 60048

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