

Survey: Irish Water Spaniel Health Survey (beta: v.3)Status: **Launched****Did you know? Your survey has 22 pages!** We switched to page-by-page editing to help you navigate faster.Show me page(s) starting at page: or [View Entire Survey](#)**1. Introduction**

Welcome to the Irish Water Spaniel Health Survey

Introduction

Thank you for participating in this health survey. It will help us determine which significant health concerns exist in Irish Water Spaniels [IWS]. Specifically, we are looking first and foremost for genetic disease. The results of this survey will assist us to make better decisions about where to focus the IWSCA's efforts and money. It will, we hope also provide a vehicle for comparing the health of IWS world-wide, which will allow all of the breeders of IWS to make better decisions in their efforts to breed healthier dogs. Additionally, this information will help in focusing research funds to projects appropriate for IWS health.

Please fill out this survey for each Irish Water Spaniel [IWS] you have owned. We are as interested in having data for healthy dogs as for having data on dogs with health problems. We want data on dogs now living, plus all deceased dogs for which you still have good records. Complete one survey for each dog. At the end of each survey, click "Finish" and then, if reporting on more than one dog, simply take the survey again.

In taking the survey, please make sure that you enter a VETERINARIAN'S DIAGNOSIS from your pet's health records. If a diagnosis is not listed or cannot be made, please select the description, "Other" and then describe the problem in the box provided.

In taking this survey, you don't need to worry about revealing your identity or the identity of your dog. Personal and pedigree information is NOT part of this survey. The survey will not collect IDs or web addresses. Information you submit is not personally identifiable.

Please pass the word to encourage all IWS owners and breeders to fill out this survey. The more we know about the health of IWS, the better we can protect the breed, help our own dogs, and prepare current and future owners.

Instructions

For each page, check the appropriate options that describe the health conditions that your dog has been diagnosed with. Please make sure that you enter a veterinarian's diagnosis from your pet's health records. If you don't know the exact diagnosis, enter the information into the Other option on most pages.

For many of the options, after you have made a selection, a series of related questions will appear on the page. No data will be entered until you chose "Submit" at the end of the survey.

I agree to terms and conditions (required): *

- I agree
 I do not agree

2. Age and Cause of Death Section**1. Year of Birth:****2. Is this dog alive or deceased?**

- Alive Deceased

3. Current age:

-- Please Select --

4. Age of death:

-- Please Select --

5. Cause of death:

6. Where was this dog born?

- North America
- United Kingdom
- Other European Country
- Australia or New Zealand
- Other:

3. Sex and Reproductive History Section

7. Select the sex of this dog:

-- Please Select --

8. Neutered?

- Yes No

Age at neutering?

-- Please Select --

9. Ever sired a litter?

- Yes No

Number of litters:

-- Please Select --

Age at first litter:

-- Please Select --

10. Both testicles descended:

- Yes No Don't know

Age testicles descended:

-- Please Select --

One testicle descended Neither testicle descended

11. Spayed?

Yes No

Age at spaying?

-- Please Select --

12. Ever had a litter?

Yes No

Number of litters:

-- Please Select --

Age at first litter:

-- Please Select --

13. Age at first heat:

-- Please Select --

14. Interval between heats:

-- Please Select --

4. Cardiac Disorders Section

Cardiac Disorders

Please check if this dog has had any of the following heart conditions:

> Heart murmur:

Yes

Age at first diagnosis:

-- Please Select --

Method of diagnosis:

-- Please Select --

What grade:

I II III IV

Did the murmur correct itself?

Yes No

Age of correction (if known):

-- Please Select --

> Congenital heart defect diagnosed by Doppler:

Yes

Age at first diagnosis:

-- Please Select --

Type:

Pulmonic stenosis

Subaortic stenosis

Other:

> Other:

Yes

Other Heart Disorders:

	Please Specify	Age at first diagnosis
Other	<input type="text"/>	-- Please Select --

5. Eye Disorders Section

Eye Disorders

Please check if this dog has had any of the following eye disorders:

> Punctate Cataracts:

Yes

Age at first diagnosis:

-- Please Select --

Was the diagnosis done as part of a CERF exam?

Yes No

Was the CERF result passing?

Yes No

Was there any change in number and/or size on subsequent exams?

Yes No

Describe the changes:

> Cataracts:

Yes

Age at first diagnosis:

Was the diagnosis done as part of a CERF exam?

Yes No

Was the CERF result passing?

Yes No

Was there any change in number and/or size on subsequent exams?

Yes No

Describe changes:

> Distichiasis (Extra Eyelashes):

Yes

Age at first diagnosis:

Was the diagnosis done as part of a CERF exam?

Yes No

Was the CERF result passing?

Yes No

Was there any change in the condition on subsequent exams?

Yes No

Describe the changes:

> Entropion (Eyelids Turned Inward):

Yes

Age at first diagnosis:

-- Please Select --

Was the diagnosis done as part of a CERF exam?

Yes No

Was the CERF result passing?

Yes No

Was there any change in the condition on subsequent exams?

Yes No

Describe the changes:

Surgically corrected?

Yes No

> Persistent Pupillary Membrane:

Yes

Age at first diagnosis:

-- Please Select --

Was the diagnosis done as part of a CERF exam?

Yes No

Was the CERF result passing?

Yes No

Was there any change in the condition on subsequent exams?

Yes No

Describe the changes:

> Senile Cataracts: Yes**Age at first diagnosis:****Was the diagnosis done as part of a CERF exam?** Yes No**Was the CERF result passing?** Yes No**Was there any change in the condition on subsequent exams?** Yes No**Describe the changes:****> Other Eye Disorders:** Yes**Other Eye Disorders:**

	Please Specify	Age at first diagnosis
Other	<input type="text"/>	<input type="text" value="-- Please Select --"/>

6. Immune System Disorders/Allergies Section

Immune System Disorders/Allergies

Please check if this dog has had any of the following allergies or conditions of the immune system:

> Atopic Dermatitis: Yes**Age at first diagnosis:****Diagnosed by:** Skin test Blood test Observation**Severity:** Mild Moderate Severe

> Contact allergies:

Yes

Age at first diagnosis:

-- Please Select --

Diagnosed by:

Skin test Blood test Observation

Severity:

Mild Moderate Severe

> Inhalent allergies:

Yes

Age at first diagnosis:

-- Please Select --

Diagnosed by:

Skin test Blood test Observation

Severity:

Mild Moderate Severe

> Food allergies:

Yes

Age at first diagnosis:

-- Please Select --

Diagnosed by:

Skin test Blood test Observation Food Elimination Protocol

Severity:

Mild Moderate Severe

List foods:

> Other:

Yes

Other Immune System Disorders / Allergies:

Please Specify	Age at first diagnosis	Diagnosed by:			Severity:		
		Skin test	Blood test	Observation	Mild	Moderate	Severe
Other <input type="text"/>	-- Please Select --	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Endocrine Disorders Section

Endocrine Disorders

Please check if this dog has had any of the following thyroid or other hormone disorders:

> Tested for thyroid function:

Yes

Results:

Normal Not normal Don't know

Thyroid auto antibodies found?

Yes No Don't know

Age at first non-normal results:

-- Please Select --

Was dog placed on thyroid medications/supplements as a result of the non-normal test results?

Yes No

> Cushing's disease:

Yes

Age at diagnosis:

-- Please Select --

> Addison's disease:

Yes

Age at diagnosis:

-- Please Select --

> Other:

Yes

Other Endocrine Disorders:

	Please Specify	Age at diagnosis
Other	<input type="text"/>	-- Please Select --

8. Hematological Disorders Section

Hematological Disorders

Please check if this dog has had any of the following disorders of the blood:

> Autoimmune hemolytic anemia:

Yes

Age at first diagnosis:

-- Please Select --

> Other:

Yes

Other Blood Disorders:

	Please Specify	Age at first diagnosis
Other	<input type="text"/>	-- Please Select --

9. Vaccine / Drug Reactions Section

Vaccine / Drug Reactions

Please check if this dog has had any reactions to vaccines or drugs:

> Has this dog had a reaction to any vaccine?

Yes

>> To Vaccine for Distemper:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To Vaccinate for Rabies:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To Vaccinate for Leptospirosis:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To Vaccine Combinations:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To other vaccine:

Yes

Other Vaccine Reactions :

	Name of a vaccine	Reaction time:	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --	-- Please Select --

> Drug reactions including sulpha drugs, flea products and heartworm produces?

Yes

>> To sulpha drugs:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To flea / tick products:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To heart worm preventions:

Yes

Reaction time:

-- Please Select --

Age at first occurrence:

-- Please Select --

>> To other drug:

Yes

Other **Drug Reactions** :

	Name of a drug	Reaction time:	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --	-- Please Select --

> General comments about vaccine and drug reactions:

Yes

Comment here:

.....

10. Dermatological / Integumentary Disorders Section

Dermatological / Integumentary Disorders

Please check if this dog has had any of the following disorders of the nails, coat, or skin:

> Canine Lupoid Onychodystrophy / SLO / Nailbed Disease:

Yes

Age at diagnosis:

-- Please Select --

Diagnosed by:

Biopsy Observation

Medications used to treat:

Did the condition go into remission?

Yes No

.....

> Alopecia (Hair loss other than normal coat changes):

Yes

.....

>> Follicular Dysplasia (with normal thyroid and ACTH levels):

Yes

Age at diagnosis:

-- Please Select --

Diagnosed by:

Biopsy Observation

.....

>> Ideopathic Alopecia:

Yes

Age at diagnosis:

-- Please Select --

Describe, including treatment if any:

>> Other hair loss:

Yes

Other hair loss:

	Please Specify	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

> Ehlers Danlos Syndrome:

Yes

Age at diagnosis:

-- Please Select --

> Other Skin Disorders:

Yes

Other Skin and Coat Disorders:

	Please Specify	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

11. Hearing / Balance / Ear Disorders Section

Hearing / Balance / Ear Disorders

Please check if this dog has had any of the following disorders of hearing, balance, or ears:

> Deafness:

Yes

Age at first occurrence:

-- Please Select --

> Vestibular Syndrome (imbalance, head tilt, and abnormal eye movements):

Yes

Age at onset:

-- Please Select --

Caused by:

Ear infection Tick borne disease Ideopathic Other:

[If Other] Describe cause:

> Chronic ear infections:

Yes

Age at first occurrence:

-- Please Select --

> Other:

Yes

Other Hearing / Balance / Ear Disorders:

	Please Specify	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

12. Neurologic Disorders Section

Neurologic Disorders

Please check if this dog has had any of the following disorders of the nerves and nervous system:

> Seizure:

Yes

Age at first occurrence:

-- Please Select --

Describe first occurrence:

How many seizures to date?

-- Please Select --

Additional comments including treatments:

> Megaesophagus (congenital):

Yes

Age at first occurrence:

-- Please Select --

> Idiopathic facial paralysis:

Yes

Age at onset:

-- Please Select --

Caused by:

Trauma Hypothyroidism Idiopathic Other:

[[if Other] Describe cause:

Other:

Yes

Other Neurologic Disorders:

	Please Specify	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

13. Skeletal / Dental Disorders Section

Skeletal / Dental Disorders

Please check if this dog has had any of the following disorders of the bones, joints, spine, or jaw:

> Hip dysplasia:

Yes

Was x-ray sent into OFA?

- Yes No

What grade?

- Borderline Mild Moderate Severe

Did vet say hips would not pass OFA?

- Yes No

Did the dog have symptoms?

- Yes No

Age at onset of symptoms:

-- Please Select --

Was surgery required?

- Yes No
-

> OCD (elbow dysplasia):

- Yes

Was x-ray sent into OFA?

- Yes No

What grade?

- I II III Other

Did vet say elbows would not pass OFA?

- Yes No

Did the dog have symptoms?

- Yes No

Age at onset of symptoms:

-- Please Select --

Was surgery required?

- Yes No
-

> Panosteitis: Yes**Age at onset of symptoms:****> Kinked tail:** Yes**> Overshot or undershot jaw:** Yes Overshot jaw Undershot jaw**Check both of these, if both apply:** as puppy (< 2 years) as adult (> 2 years)**Age at correction (if known):****> Retained deciduous teeth [puppy teeth]:** Yes**> Torn Cruciate Ligament Injury:** Yes**One knee or both?** One Both**Surgery?** Yes No**Recovery comments:**

> Other Skeletal / Dental Disorders:

Yes

Other Skeletal / Dental Disorders:

	Please Specify	Age at onset:
Other	<input type="text"/>	-- Please Select --

14. Tumors Section

Tumors

Please check if this dog has had either benign or cancerous tumors in the following locations:

> Liver:

Yes

Age at first occurrence:

-- Please Select --

Was the tumor biopsied?

Yes No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

T-cell B-cell Unknown

> Mammary Gland:

Yes

Age at first occurrence:

-- Please Select --

Was the tumor biopsied?

Yes No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

- T-cell
 - B-cell
 - Unknown
-

> Muscle:

- Yes

Age at first occurrence:

-- Please Select --

Was the tumor biopsied?

- Yes
- No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

- T-cell
 - B-cell
 - Unknown
-

> Pancreas:

- Yes

Age at first occurrence:

-- Please Select --

Was the tumor biopsied?

- Yes No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

- T-cell B-cell Unknown
-

> Sebaceous gland:

- Yes

Age at first occurrence:

-- Please Select --

Was the tumor biopsied?

- Yes No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

- T-cell B-cell Unknown
-

> Brain:

- Yes

Age at first occurrence:

-- Please Select --

Was the tumor biopsied?

- Yes
- No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

- T-cell
- B-cell
- Unknown

> Other Tumors:

- Yes

Other Tumors:

	Please Specify Body Area	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

Was the tumor biopsied?

- Yes
- No

Select the type(s) of tumor:

- Fibrosarcoma
- Hemangiosarcoma
- Leukemia
- Lymphoma
- Melanoma
- Mast cell cancer
- Osteosarcoma
- Squamous cell tumors
- Lipoma
- Other

Please specify Lymphoma type:

- T-cell
- B-cell
- Unknown

Other comments about tumors:

15. Gastrointestinal Disorders Section

Gastrointestinal Disorders

Please check if this dog has had any of the following disorders of the stomach or intestinal tract:

> Dilation vulvulus (bloat / torsion):

Yes

Age at first occurrence:

-- Please Select --

> Ideopathic inflammatory bowel disease:

Yes

Age at first occurrence:

-- Please Select --

> Other

Yes

Other Gastrointestinal Disorders:

	Please Specify	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

16. Liver Disorders Section

Liver Disorders

Please check if this dog has had any of the following liver conditions:

> Portosystemic shunt:

Yes

Type:

Extrahepatic Interhepatic

Age at first occurrence:

-- Please Select --

> Other:

Yes

Other Liver Disorders:

	Please Specify	Age at first occurrence:
Other	<input type="text"/>	-- Please Select --

17. Kidney / Bladder Disorders Section

Kidney / Bladder Disorder

Please check if this dog has had any of the following disorders of the kidney or bladder:

> Nephritis:

Yes

Age at first occurrence:

-- Please Select --

> Cystitis:

Yes

Age at first occurrence:

-- Please Select --

> Incontinence:

Yes

Age at first occurrence:

-- Please Select --

> Renal dysplasia:

Yes

Was diagnosis made by biopsy?

Yes No

Age at first occurrence:

-- Please Select --

> Other Kidney / Bladder Disorders:

Yes

Other Kidney / Bladder Disorders:

	Please Specify	Age at first occurrence
Other	<input type="text"/>	-- Please Select --

18. Fungal and Infectious Disease Section

Fungal and Infectious Diseases

Has your dog had a fungal or infectious disease?

Yes No

Please describe (Use "Any other comments" section if you need to describe more than one disease):

Age at first occurrence:

-- Please Select --

Diagnosis:

Treatment:

Outcome:

Any other comments:

19. Temperament Disorders Section

Temperament

Have you noticed any of the following conditions in your dog?

- Aggressiveness
- Fear biting
- Fear of noise
- Fear of storms
- Excess excitability
- Hyperactivity
- Irritability
- Obsessive / compulsive disorder
- Separation anxiety
- Timidity
- Unstability
- Other:

20. Healthy Dog Section

> I have a healthy dog and have not checked any of the listed diseases:

Yes

21. Last Chance Section

!!! This is Almost It, You've Reached the End of This Survey !!!

Last Chance to Make Any Changes:

Click 'Go Back' to Correct Your Previous Answers OR

Click 'Submit' to Complete the Survey OR

Close the Browser to Exit Without Saving the Results...

'Thank You'/Redirect Page

Thank you for taking our survey. Your response is very important to us.



>>> Fill Out Another Survey for Your Next Dog <<<