

ASHGI Cancer Database

ASHGI continues to gather data on cancer in Australian Shepherd in order to assist research and educate the breed community about these diseases. Please provide us with information on your dog. Please mail the completed questionnaire to:

ASHGI
1338 Trouville Ave.
Grover Beach, CA 93433

Or e-mail to:
51ca@ashgi.org

What is the dog's call name? _____

What is the dog's date of birth? _____

What is the dog's registered name (if more than one, list all)?

Please provide the dog's registration number(s) and the registry(ies) with which it is registered:

What were the dog's occupation(s)

- pet
- show dog
- performance events
- stockdog
- search & rescue

Other-(describe)_____

What is the dog's gender? _____ M _____ F

If altered, how old was it at the time? _____

What was the dog's primary coat color?

Blue Merle

Red Merle

Black

Red (Liver)

Other (describe): _____

What trim color(s) does the dog have?

White

Tan(copper)

White and Tan (copper)

None

Please list the dog's sire and dam, registered name(s), registry(ies) and registration number(s), if known.

Are either sire or dam deceased? Please give date of death (approximate) and cause, if known.

If either parent died of or was euthanized because of cancer, do you know the specific type?

Which of the following cancers did your dog have?

- Lymphoma
- Lymphosarcoma
- Hemangiosarcoma
- Mammary
- Soft tissue carcinoma
- Mast Cell
- Melanoma
- Leukemia
- Osteosarcoma
- Squamous cell carcinoma
- Basal cell
- Other: _____

When (date or age of dog) was the cancer discovered? _____

If the dog had hemangiosarcoma, was the primary tumor in the:

- spleen
- heart
- spleen & heart
- skin
- unknown

Other: _____

Did the cancer metastasize? If so, what organs/body parts were affected?

Is the dog still living? _____ Y _____ N

If no, was cancer the cause of death (including euthanasia because of the cancer)? _____ Y _____ N

If no, date of death? _____

What treatments were given for the cancer?

Did the cancer go into remission? _____ Y _____ N
If yes, what was the outcome? (Did dog remain cancer-free or did this or another cancer happen later?)

Did the dog have any other health conditions? _____ Y _____ N
If so, what: conditions?

Was the dog taking medication for other health conditions? _____ Y _____ N
If so, what were they?

If you are willing to provide it, what is the contact info for the diagnosing & treating veterinarians?

Would you be willing to provide documentation of treatment/illness history upon request? _____ Y _____ N
(If you are willing, you may send copies with this questionnaire, if convenient.)

Where was the dog living at time of diagnosis (city/state)?

How long had it lived there at the time of diagnosis? _____

If the dog is still living, is it still at this location? _____ Y _____ N

If not, where does it live? _____

Was the dog born here? _____ Y _____ N

If no, where was it born (city/state)? _____

What was the nature of the region where the dog was living at time of diagnosis?

- _____ urban
- _____ suburban
- _____ agricultural
- _____ wild lands

Other _____

How long had the dog been living there at time of diagnosis? _____

If the dog is still living, is it still at this location? _____ Y _____ N

If not, where does it live now? (city/state) _____

What was the primary source of the dog's water supply at the time the cancer was diagnosed?

- _____ city
- _____ well
- _____ surface
- _____ bottled

Other: _____

What was the dogs diet at the time of diagnosis? (list all that apply)

- _____ commercial dry
- _____ commercial canned
- _____ raw

Other: _____

How long had the dog been on this diet? _____

Were other diets provided prior to the cancer? If so, what type?

Were flea, tick or heartworm medications used on the dog? _____Y _____N
Please list type and brand names (i.e. Flea dip/Acme Pet Products.)

How frequently were these products used?

Were flea/tick preparations used in the kennel, yard or other dog living areas?
_____ Y _____ N

Please list type and brand names (i.e. aerosol bomb/Kill-All.)

What type of housing did the dog live in? (note all that apply)

- _____ outdoor kennel
- _____ indoor kennel
- _____ indoor/outdoor kennel
- _____ inside home
- _____ open yard
- _____ enclosed yard

Other-describe: _____

Did the dog's occupation or place of residence expose it to any of the following:

- chemical plants
- high-tension power lines
- chemical or petroleum storage facilities
- agricultural runoff
- agricultural or urban chemical spraying programs
- freeway or major airport within one mile

Other-describe: _____

If your dog had lymphoma and was exposed to urban or agricultural spraying programs, please answer the following:

Were the exposures: Agricultural Urban

When and how often was the dog exposed?

Can you provide the chemicals used or the reason(s) for the spraying?

Did you and your dog participate in any clinical research on this cancer?

Y N

If so, please give the name of the institution conducting the research, the name of the researcher (if known) and a brief description of the project.

Is your dog's DNA on file with any long-term storage program? Y N

If so, which:

- ____ Canine Health Information Center (CHIC)
- ____ ASCA Gene Bank
- ____ University of Missouri "Phenome Project"

Other: _____

May we have your contact information?

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail _____

Thank you for submitting this information to our database. We know how devastating these cancers can be to both the dogs and the people who love them. The information you provide will help us in our effort to find preventions and cures for these diseases.

If you have questions, please feel free to contact us:

Phone: 559 485-3126

E-mail: 51ca@ashgi.org

Please feel free to offer additional comments or attach information you feel is pertinent.