



Havana Silk Dog Association of America Health Issue Report

Dog and Owner Information

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Dog's Name	HSDAA number

Name of Person Making This Report (and relationship to dog)	Dog's Date of Birth

Address

City, State, ZIP code

e-Mail	Phone

Check your preference for receiving any follow-up Health Committee questions

e-Mail

Phone

I prefer not to be contacted

Breeder's Name

Name of Dog's Sire	Name of Dog's Dam

Dog's Health Information: Please answer all questions to the best of your ability.

What health issue(s) does this dog have?	Is this dog spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter date (if known) or dog's age when procedure was done:
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Has this issue been reported to the dog's breeder? <input type="checkbox"/> Yes <input type="checkbox"/> No	What symptoms are associated with this health issue?
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What age was this dog when symptoms first began?

What age was this dog when first seen by a vet for this issue?

What is the formal medical diagnosis?	What tests were performed to reach this diagnosis?

Diagnosis was made by (check both if applicable):

Regular vet:

Specialist:

Do you have medical documentation to support the health issue you are reporting? Yes No

(form continues on page 2)

Dog's Name	HSDAA number
Dog's Health Information (continued)	
Does this health issue require medication or other treatment? <input type="checkbox"/> Yes (please describe below) <input type="checkbox"/> No	
Please use this space for comments or any other information you believe will help the Health Committee understand the issue(s) reported.	

**Please email this form to Suzanne LaCosse, chair, HSDAA Health Committee:
suzannenbob@aol.com**

***Thank you for helping us breed healthier Havana Silk Dogs.
Your participation is greatly appreciated!***