



# Havana Silk Dog Association of America Health Issue Report

DATE \_\_\_\_\_

**Dog and Owner Information**

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<b>Dog's Name</b>	<b>HSDAA number</b>

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

**Address**

**City, State, ZIP code**

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**e-Mail** **Phone**

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

e-Mail

Phone

I prefer not to be contacted

**Breeder's Name**

<b>Name of Dog's Sire</b>	<b>Name of Dog's Dam</b>

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

<p><b>What health issue(s) does this dog have?</b></p>	<p><b>Is this dog spayed or neutered?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><small>If yes, enter date (if known) or dog's age when procedure was done:</small></p>
<p><b>Has this issue been reported to the dog's breeder?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>What symptoms are associated with this health issue?</b></p>
<p><b>What age was this dog when symptoms first began?</b></p>	
<p><b>What age was this dog when first seen by a vet for this issue?</b></p>	
<p><b>What is the formal medical diagnosis?</b></p>	<p><b>What tests were performed to reach this diagnosis?</b></p>
<p><b>Diagnosis was made by (check both if applicable):</b></p> <p><input type="checkbox"/> Regular vet:</p> <p><input type="checkbox"/> Specialist:</p>	

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

*(form continues on page 2)*

<b>Dog's Name</b>	<b>HSDAA number</b>
<b>Dog's Health Information (continued)</b>	
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.	
<p><b>By submitting this form to the Health Committee I understand the Health Committee and/or the HSDAA Board may disseminate it to its breeders and/or members in the interest of improving the health of Havana Silk Dogs.</b></p>	
<b>Owner(s) Signature</b> _____	

**Please email this form to the HSDAA Health Committee:**

HealthCommittee@havasilkdog.org

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