

THE AUSTRALIAN TERRIER CLUB OF AMERICA, INC.

HEALTH INCIDENT REPORT

**DO NOT LIST HEALTH PROBLEMS PREVIOUSLY REPORTED ON ANOTHER HEALTH SURVEY.
PLEASE USE A SEPARATE FORM FOR EACH DOG AND MAIL TO ADDRESS BELOW.**

DOGS NAME:		<input type="checkbox"/> FIRST REPORT OR <input type="checkbox"/> UPDATE	
DOG'S DOB:		AKC RE # (if known):	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	COLOR: <input type="checkbox"/> RED/SANDY <input type="checkbox"/> BLUE/TAN	SPAYED/NEUTERED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
AGE SPAYED/NEUTERED: <input type="checkbox"/> 6 MOS OR UNDER <input type="checkbox"/> 7 MOS – 1 YR <input type="checkbox"/> 1 – 3 YRS <input type="checkbox"/> 4 – 7 YRS <input type="checkbox"/> OVER 7 YRS			
IF YOUR AUSTRALIAN TERRIER HAS NO HEALTH PROBLEMS PLEASE CHECK HERE: <input type="checkbox"/> <i>(you may skip the next section)</i>			
LIST HEALTH PROBLEMS BELOW :			AGE OF ONSET
1.			Healthin
2.			
3.			
4.			
COMMENTS			
OPTIONAL INFORMATION			
WILL YOU PARTICIPATE IN OUR OPEN HEALTH REGISTRY AND/OR FUTURE HEALTH PROJECTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU ANSWERED YES, MAY WE ADD YOUR CONTACT INFORMATION TO OUR HEALTH DATABASE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>(Your personal information is held confidential by ATCA Health and will only be used by committee for Aussie Health Projects)</i>			
NAME:		PHONE:	
ADDRESS:		EMAIL:	
CITY:	STATE:	ZIP:	
IF YOU OBTAINED YOUR AUSSIE FROM A PRIVATE BREEDER AND YOUR AUSSIE HAS HEALTH PROBLEMS:			
<i>Did you notify your breeder?</i> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> tried, but no response <input type="checkbox"/> lost contact information			
<i>If you were unable to notify your breeder, and if your breeder is an ATCA member, would you like ATCA Health Committee to share the information in this report with them?</i> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't think it is important			
NAME OF BREEDER:			STATE:
END OF SURVEY THANK YOU FOR YOUR PARTICIPATION !!			

Please mail or email to: Teresa Schreeder, 6829 Pleasants Valley Rd, Vacaville, CA 95688
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