

NSCA HEALTH COMMITTEE – SURVEY 2004



Mission: To provide a source of health information for owners and breeders of the Shiba Inu, that will assist in breeding healthy dogs.

Goals: a. To work with the NSCA membership in the identification of health issues in the Shiba,
b. To evaluate the need to establish and maintain a central health information system in a form and manner that will support future research into canine diseases and provide health information to owners and breeders of the Shiba.

The purpose of this survey is to determine the type and prevalence of health problems in the Shiba. A more intensive survey may follow this abbreviated form. Individual results will be kept confidential and participants may remain anonymous should they so choose. Please complete each section and return to:

Debbie Meador, Chairman
NSCA Health Committee Survey
5271 Hillside Drive, Warrenton, VA 20187
DEADLINE FOR SUBMISSIONS: May 1, 2004

****Please refer to ALL dogs owned, whether sold, retired, or deceased, when responding to the questions**

1. Name of State in which you reside: _____ Your name (optional):

2. How many years have you been involved with the Shiba: (circle one)
0-2 2-4 4-6 6-8 8-10 10-12 12-14 14 +
3. How many Shibas have you owned: _____ # of litters bred: None 1-5 5-10 10-15
15+
4. What is your involvement in Shibas? M=Main interest or S=Secondary interest

| | |
|--------------------|-----------------------------|
| _____ Pet Owner | _____ Show Exhibitor |
| _____ Show Breeder | _____ Performance Exhibitor |
| _____ Pet Breeder | _____ Therapy dog Owner |
| _____ Rescue | _____ Other: _____ |
5. Where did you obtain your Shibas? P=Primary source or S=Secondary source

| | |
|--------------------|--------------------------|
| _____ Show Breeder | _____ Private Individual |
| _____ Pet Breeder | _____ Rescue |
| _____ Pet Store | _____ Other: _____ |
6. Do you own any Imported Shibas? _____ YES IF YES, HOW MANY? _____
_____ NO
7. # of Shibas currently residing in your home: _____ INTACT MALES _____ ALTERED MALES
_____ INTACT BITCHES _____ ALTERED BITCHES

8. Of the Shibas residing in your home, age of: _____ OLDEST _____ YOUNGEST

9. What type of food do you feed your Shibas: P = Primary source or S = Secondary source

_____ Dry commercial _____ Home prepared _____ Scraps
_____ Canned commercial _____ BARF diet _____ Other: _____

10. # of deceased Shibas owned: _____

11. Causes of death of deceased Shibas owned: (check all that apply)

_____ CANCER _____ AUTOIMMUNE DISEASE
_____ OLD AGE _____ NEUROLOGIC
_____ HEART FAILURE _____ INFECTION
_____ KIDNEY FAILURE _____ UNKNOWN
_____ LIVER FAILURE _____ EUTHANIZED FOR AGGRESSION
_____ BLOAT _____ OTHER: _____

12. What health clearances have you performed on your Shibas:

_____ CERF or ACVO # (eyes) _____ EYES (Vet exam only)
_____ OFA OR PENN HIP# (hips) _____ HIPS - XRAY (Vet exam only)
_____ ELBOW OFA _____ ELBOW (Vet exam only)
_____ PATELLA OFA _____ PATELLA (Vet exam only)
_____ HEART OFA _____ HEART (Vet exam only)
_____ THYROID OFA _____ THYROID (Vet exam only)
_____ CARDIAC OFA _____ CARDIAC (Vet exam only)

13. What vaccines do you administer to your Shibas: (check all that apply)

_____ RABIES _____ PARVO _____ LEPTO _____ ADENOVIRUS
_____ DISTEMPER _____ BORDETELLA _____ CORONA _____ OTHER:

14. Your Shibas participate in a vaccination program which is: _____ ANNUAL _____ EVERY 2 YEARS

_____ TITER TESTING INSTEAD OF VAX
_____ OTHER:

15. Have any of your Shibas:

_____ HAD REACTIONS TO VACCINATIONS Type:

_____ HAD REACTION TO ANESTHESIA Type:

16. Check all of the following health issues which your Shibas have been diagnosed with:

_____ Addison's disease _____ Fading puppies _____ Patella Luxation
_____ Arthritis _____ False pregnancy _____ PRA
_____ Bladder stones _____ Glaucoma _____ Prostate disease
_____ Cardiomyopathy _____ Hair loss _____ Sebaceous Adenitis

| | | |
|---------------------------|-----------------------------|-------------------------|
| _____ Cataracts | _____ Heat cycles, abnormal | _____ Seizures |
| _____ Cesarean section | _____ Hernia | _____ Skin allergy |
| _____ Cleft palate | _____ Hip dysplasia | _____ Spinner syndrome |
| _____ Cruciate rupture | _____ Hypo/Hyperthyroidism | _____ Stillborn puppies |
| _____ Cushing's disease | _____ Infertility | _____ Undescended |
| testicle(s) | | |
| _____ Diabetes | _____ Kidney stones | _____ Uterine inertia |
| _____ Elbow dysplasia | _____ Mange | _____ Uveitis |
| _____ Entropion/Ectropion | _____ Murmur | _____ Von Willebrand's |
| _____ Cancer type: _____ | | |

THANK YOU FOR YOUR PARTICIPATION!

