

Boston Terrier Breed Health Questionnaire



Please complete a separate form for each dog you have owned if possible.

Please circle appropriate response or write if required. Please add extra detail at end of survey, if you would like to.

Dog: Bitch:
Neutered: Entire:
Weight:
Age:

Body Condition

Underweight:
Normal:
Overweight:

Is your dog neutered? Yes No

If yes, at what age?

BOAC (Brachycephalic Obstructive Airway Syndrome)

When your dog is resting quietly can you hear from one metre away?

No noise as he breaths?
Slight noise?
A lot of noise?

After 5 minutes at a brisk trot and from one metre away can you hear?

No noise as he breaths?
Slight noise?
A lot of noise?

After 10 minutes at a brisk trot is your dog:

Keen for more?
Reluctant to continue?
Unable to continue?

Eyes

Does your dog:

Fully open both eyes. Yes No
Have a persistent watery eye or discharge? Yes No
Rub his eye(s) quite often through the day? Yes No

Has a vet diagnosed corneal ulcers / distichiasis (hairs growing inappropriately in the eyelid and rubbing on the eye) entropion or ectropion/ cataracts / other conditions Yes No



Ears

Has your dog suffered from ear infections? Yes No

Lameness

Has your dog been persistently lame? Yes No

If yes, was a cause found? Hips / Slipping patellas (kneecaps) / Other cause.

Was this diagnosed by a vet? Yes No

Does your dog suffer from arthritis? Yes No

Has your dog had overgrown nails? Yes No

Spinal problems

Has your dog had?

Hemivertebrae (Would need veterinary diagnosis)

Slipped disc

Spondylitis

Spondylosis

Arthritis

Other.

Skin

Has your dog had any skin problems needing treatment around the skin folds? Yes No

If yes where? Face, Base of tail, Other

Has your dog suffered from hair loss / itchy skin problems? Yes No

Had any other serious skin problems? Yes No

If yes please add more details at end of form.

Mouth and Teeth

Has your dog had infections of the gums? Yes No

Has your dog had tooth infections? Yes No

Had other mouth problems? Yes No

Kidneys and Bladder

Has your dog had:

Cystitis

Bladder stones / blockage (unable to pass urine)

Has your dog been diagnosed with a kidney problem? Yes No

Liver

Has your dog been diagnosed with a liver problem? Yes No



Heart

Has your dog been diagnosed with a heart problem? Yes No

Respiration

Has your dog been diagnosed with a breathing problem? Yes No

If yes please give diagnosis from vet.

Stomach and intestines

Does your dog vomit or regurgitate a small amount of food/froth?

Never Sometimes Often

Does your dog have diarrhoea?

Never Sometimes Often

Does your dog suffer from? Blocked anal glands / Infected anal glands

Yes No

Reproductive system

Did your bitch suffer from mammary tumours? Yes No

Was your bitch spayed for medical reasons? Yes No

If yes please give details.

Was your dog neutered for medical reasons? Yes No

If yes please give details.

General problems

Has your dog been diagnosed by a vet with any of the following?

Epilepsy Yes No

Cushings Syndrome Yes No

Diabetes Yes No

Deafness Yes No

Cancer Yes No

Diaphragmatic hernia Yes No



Reaction to a vaccination Yes No

If yes please give time after vaccination was given:-

Less than 1 hour

Less than 1 day

Several days

Other

If yes please give details.

Any other ongoing medical problems, please give details.

Please could you give the age which your dog passed away?

Any other information you wish to give.

We are not seeking to identify respondents and all replies will be treated in confidence and will only be seen by the Breed Health Co-ordinator.

Thank you for your help with this survey. The results will be collated and the information will appear in the Newsletter.

If you have any difficulties or queries please email or phone the Breed Health Co-ordinator or the Breed Club Secretary (Ronnie Tanner 01892 652095).

Please return your completed surveys either by email or post to:

sue.finnett@icloud.com

or

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(The Boston Terrier Club 2016)