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Australian Border Collie Health Survey

About this survey

This survey is completely confidential and should take about 10 minutes to complete. It is important that sections 1, 2 and 3 of the survey are completed. If you would like to provide information for more than one dog, please submit a separate survey for each dog. The survey is applicable to respondents that own or breed Border Collies, or have done so in the past.

Answering this survey

By completing this survey, you will be contributing to our knowledge about the current health status of Australian Border Collies. Of particular interest is the incidence of lymphoma in Border Collies. The information you provide will be pooled together with that from other respondents to provide an overview. Results from the study will be published in journals and presented in scientific meetings and seminars. Research findings may also be eventually published on the OMIA website, an online resource curated by the Faculty of Veterinary Science, University of Sydney. This resource catalogues the genetic causes of diseases in animals <http://omia.angis.org.au>.

Thank you for your time taken to respond to this survey. For further information about this study, please contact either Pamela Soh at pamela.soh@sydney.edu.au or Associate Professor Peter Williamson at p.williamson@sydney.edu.au.

Completing this survey

This study is completely voluntary and you are not under any obligation to participate. Submitting a completed survey requires clicking a box indicating consent to participate in the study. Participants can withdraw any time prior to clicking the consent box and submitting the completed survey. For hard copy surveys, participants can still choose to withdraw by not mailing back the completed survey. Once completed the survey can be submitted online, saved, attached to an email and returned to pamela.soh@sydney.edu.au or you may request to have the survey mailed to you for return via a postage paid envelope.

All personal information is strictly confidential and will not be provided to any other parties. No identifiable information will be published or released and dogs will only be identified by breed, age and sex.

By ticking this box, I hereby agree to participate in the survey on a voluntary basis and have read and understood the information provided.

Section 1 General Information

Your details:

Note: All personal information is strictly confidential and will not be provided to any other parties.

Your Name: _____

Your Address: _____

Your Contact number: _____

Your Email: _____

Can we contact you to resolve any further questions we have regarding your dog?

Yes No

Can we follow up to resolve any questions further with your vet?

Yes No

Your vet's contact details:

Vet's Name: _____

Vet Practice: _____

Contact number: _____

Email: _____

Your dog's details:

Your dog's call name: _____

Your dog's registered name: _____

Your dog's ANKC registration number: _____

Your dog's date of birth (DD/MM/YYYY): _____

Your dog's sex (M / F) _____

Was your dog desexed (neutered)? _____

If your dog was desexed (neutered), at what age was it desexed? _____

Your dog's country of birth: _____

Section 2 Veterinary Information (Your vet can help provide this information)

What is the current health status of your dog?

Healthy Has an illness Deceased

If your dog has an illness please provide details:

(If applicable) **Dog's age at death (to the nearest month):** _____

Cause of death: _____

The following questions are applicable to dogs that have or had lymphoma if this does not apply to your dog please go to Section 3:

At what age was your dog diagnosed with lymphoma (to the nearest month)?

Is your dog related to another animal that has or had lymphoma?

Yes No Unknown

If yes, how are they related, and if known what is the related dog's registered name and ANKC registration number?

Has or did your dog have any other health problems as diagnosed by a veterinarian? (tick all that apply)

Other Tumours Small Medium Large N/A

Tumour type: _____

Infections Minor Moderate Severe Re-occurring N/A

Infection location: _____

Immune mediated thrombocytopenia Yes No

Other health problems:

Which type of lymphoma does or did your dog have? (Tick one only)

B-Cell T-Cell Unknown

What stage was the lymphoma first diagnosed with?

(Tick one only)

Stage 1 Stage II Stage III Stage IV

Stage V Unknown

What form of presentation was the lymphoma upon initial diagnosis? (Tick one only)

Multicentric Mediastinal Alimentary Extranodal
(Generalised) (Chest) (Digestive Tract) (Eg. skin, eyes, nervous system, kidneys or lungs)

Cutaneous Unknown
(Skin)

What grade was it? (Tick one only)

Low Intermediate High Unknown

What treatment was or has been commenced or completed? (Tick as many boxes as apply):

Surgery Chemotherapy (Medication) Other N/A

What was the outcome from commencing treatment until the present? (Tick one only)

Complete Remission Partial Remission Recurrence Death

Section 3 Pedigree details (fill in or attach pedigree)

If attaching a pedigree please fill out the age at death below if known.

Paternal Grandsire: _____

(If applicable) Age at death: _____

Sire: _____ Reg No: _____

(If applicable) Age at death: _____

Paternal Granddam: _____

(If applicable) Age at death: _____

Maternal Grandsire: _____

(If applicable) Age at death: _____

Dam: _____ Reg No: _____

(If applicable) Age at death: _____

Maternal Granddam: _____

(If applicable) Age at death: _____

THE END
THANK YOU VERY MUCH FOR YOUR TIME