

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 <b>OR</b> <input type="checkbox"/> UPDATE	
DOG'S DOB:		AKC REG # (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 <b>NO HEALTH PROBLEMS</b> PLEASE CHECK HERE: <input type="checkbox"/> <i>(you may skip the next section)</i>			
<b>LIST HEALTH PROBLEMS BELOW :</b>			<b>AGE OF ONSET</b>
1.			
2.			
3.			
4.			
<b>COMMENTS</b>			
<b>OPTIONAL INFORMATION</b>			
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:	
<b>IF YOU OBTAINED YOUR AUSSIE FROM A PRIVATE BREEDER AND YOUR AUSSIE HAS HEALTH PROBLEMS:</b>			
<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:
<b>END OF SURVEY ( THANK YOU FOR YOUR PARTICIPATION !!</b>			

Please return this form to Sue Holsinger • 11829 WRC39 • Ft Lupton CO 80621