

# THE AUSTRALIAN TERRIER CLUB OF AMERICA

## LONGEVITY SURVEY

PLEASE COMPLETE ALL INFORMATION AND RETURN YOUR SURVEY TO THE ADDRESS BELOW		
DOG'S NAME:	DOB:	AKC REGISTERED: <input type="checkbox"/> YES <input type="checkbox"/> NO
AKC REG NO. (if known):	DOG'S PRIMARY STATE OF RESIDENCE:	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	COLOR OF DOG: <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 LESS <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		
DOG OBTAINED FROM: <input type="checkbox"/> BREEDER <input type="checkbox"/> RESCUE <input type="checkbox"/> PET STORE <input type="checkbox"/> OTHER <input type="checkbox"/> I AM THE BREEDER		
DATE OF DEATH:	AGE AT DEATH (IF DATE UNKNOWN)      YRS      MOS	
DEATH DUE TO: <input type="checkbox"/> MEDICAL REASONS <input type="checkbox"/> ACCIDENT/TRAUMA <input type="checkbox"/> BEHAVIORAL PROBLEMS <input type="checkbox"/> OLD AGE <input type="checkbox"/> UNKNOWN		
WAS DOG EUTHANIZED: <input type="checkbox"/> YES <input type="checkbox"/> NO	CAUSE OF DEATH:	
WAS CAUSE OF DEATH <input type="checkbox"/> CONFIRMED BY VETERINARIAN <input type="checkbox"/> SUSPECTED BY VETERINARIAN <input type="checkbox"/> CONFIRMED BY OWNER <input type="checkbox"/> SUSPECTED BY OWNER <input type="checkbox"/> NONE OF THE ABOVE		
BRIEFLY DESCRIBE ANY KNOWN OR SUSPECTED CONTRIBUTING FACTORS:		
IF CAUSE OF DEATH WAS RELATED TO HEALTH PROBLEMS PLEASE ANSWER THE FOLLOWING QUESTIONS		
WAS YOUR DOG ON REGULAR MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, PLEASE PROVIDE THE FOLLOWING:		
NAME OF MEDICATION	CONDITION PRESCRIBED FOR	AGE STARTED
DO YOU CURRENTLY OWN ONE OR MORE AUSTRALIAN TERRIERS ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO PLAN TO OWN ONE IN THE FUTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NO, DO YOU CONSIDER POOR HEALTH OR SHORT LONGEVITY A REASON FOR YOUR DECISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b><i>Important !!</i></b> If you do not know your dog's AKC Registration Number please provide your name and address. We must have one or the other to avoid duplication of data. Your personal information will be held confidential.		
NAME	CITY	STATE
TELEPHONE (OPTIONAL)	EMAIL (OPTIONAL)	
MAY WE CONTACT YOU BY PHONE OR EMAIL IF WE NEED ADDITIONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Thank You for your Participation!!

Please mail to Sue Holsinger, 11829 WCR 39, Ft. Lupton, CO 80621