

RRCUS NATIONAL HEALTH SURVEY AND SURVEY UPDATE

Survey #: _____ (Web site users to use any 5 digit number. Be original i.e, last 5 of your Social Security # or Driver's License #.

FOR UPDATING PRIOR SURVEYS: Original survey number (if known):_____. Approximate # of dogs reported on initial survey:_____. Asterisks items below will help identify the dog being updated. Complete sections 6 - 22 with NEW information only.

1. Number	Example 1			
2. * Male (M) or Female (F)	M			
3. * Neutered (Y or N) approximate age	Y, 1 yr			
4. * Black (B) or Liver (L) nose	B			
5. * Birth Date (Month/Year)	1/87			
6. Death Date (Month/Year)				
7. Toxicologic Disorders				
8. Infectious Disease				
9. Endocrine Diseases	Hypothyroid			
10. Immunologic/Hematologic Diseases				
11. Oncological Diseases (cancer)				
12. Dermatologic Disorders	Dermoid Sinus			
13. Gastrointestinal Disorders				
14. Cardiopulmonary Disorders				
15. Urinary Disorders				
16. Reproductive Disorders				
17. Neurologic Disorders				
18. Musculoskeletal Disorders	Hip Dysplasia			
19. Ophthalmic (eye) Disorders				
20. Trauma				
21. Behavioral Disorders				
22. Other				

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