



12837



Labrador Retriever Hip Dysplasia Study Questionnaire



INSTRUCTIONS:

- Please answer **ALL** questions using a **BLACK PEN**.
- Some questions will provide a space in which you can write your answer.
- Other questions provide answer boxes and require you to mark with a cross either ONE answer or ALL THAT APPLY. **Please indicate your response by placing an "X" in the box that corresponds to your choice. For example**
- To answer the questions regarding girth, height and length of your dog you will need a tape measure.
- Please return the completed questionnaire to us in the envelope provided.

DATA PROTECTION AND CONFIDENTIALITY

Your personal information and the identity of you and your dog will be kept **STRICTLY CONFIDENTIAL** at all times. All data collected from this study will be **ANONYMISED** prior to analysis. The anonymised data may be made publically available at the end of this study in accordance with BBSRC data sharing policies. Return of this document will be taken as consent to use the data you have provided in this study and for future research to improve the welfare of animals.

ARE you willing for us to contact you and send you a mouth swab for you to collect DNA from your dog? **Yes** **No**

ARE you willing to complete an additional questionnaire about this dog's behaviour? **Yes** **No**

Section A. Owner details

1. Title: Initial: Surname:

2. Address:

3. Postcode:

4. Telephone number:

5. Email address:

FOR OFFICE USE ONLY.

FID:

DID:

OID:



12837

21. In which activities does this dog participate? *Please mark all that apply.*

- None
- Field Trials/Working Tests
- Agility Trials
- Obedience Trials
- Showing
- Other - please specify: _____

Section D: Exercise and lifestyle

22. In **spring and summer** where does this dog spend the majority of its time? *Please mark only one option.*

- In the house
- Outside in a kennel/run/garden
- Other - please specify: _____

23. In **spring and summer** approximately how many hours a day is this dog outside in the open air? (ie not inside the house or kennel)

hours

24. In **autumn and winter** where does this dog spend the majority of its time? *Please mark only one option.*

- In the house
- Outside in a kennel/run/garden
- Other - please specify: _____

25. In **autumn and winter** approximately how many hours a day is this dog outside in the open air? (i.e. not in the house or kennel)

hours

26. How often do you exercise this dog on average? (exercise includes all physical activity including training, working and walking.) *Please mark only one option.*

- Less than once a day
- Once a day
- Twice a day
- More than twice a day

27. What is the total length of time this dog spends exercising per day on average? *Please mark only one option.*

- Up to 1 hour
- 1-2 hours
- 2-4 hours
- More than 4 hours

28. What percentage of the total exercise period is spent unrestricted (off the lead) whilst you are walking, training or working this dog?

%



12837

Section E: Feeding and body condition

29. What do you feed this dog? *Please mark all that apply.*

Home-cooked food Tinned food Dry food

Other - please specify: _____

30. Do you feed this dog extras? *Please mark all that apply.*

None Dog treats Table scraps

Other - please specify: _____

31. Do you add any of the following supplements to this dog's diet? *Please mark all that apply.*

None Cod liver oil Glucosamine Chondroitin

Other - please specify: _____

32. What is this dog's current weight?

kg or lb

Please note it is not advisable for you to attempt to lift a Labrador Retriever as it could be hazardous. Your own vet may allow you to weigh your dog using their walk on scales. We would be very grateful if you could provide us with the current weight of your dog, however we are aware that this will not be possible for everyone.

Please refer to the guidelines on the back page (page 8) to assist you with answering the following 3 questions.

33. What is this dog's height at withers? (highest point at shoulder)

cm or in

34. What is this dog's length?

cm or in

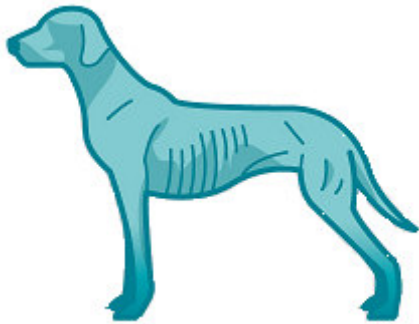
35. What is this dog's girth?

cm or in



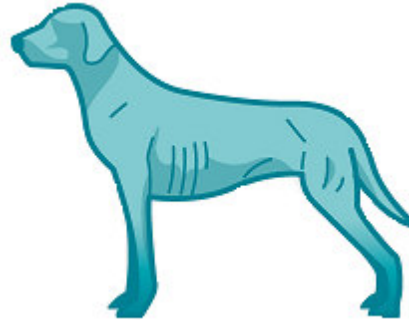
12837

36. Which of these outlines most resembles this dog's shape?



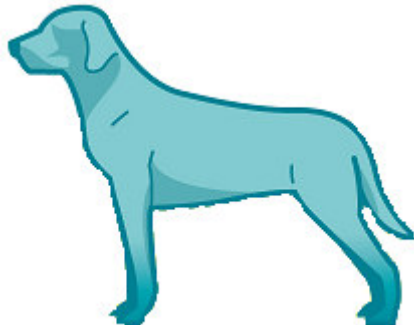
1

- Ribs, spine and hip bones are easily seen (in short haired dogs)
- Obvious loss of muscle bulk
- No fat can be felt under the skin



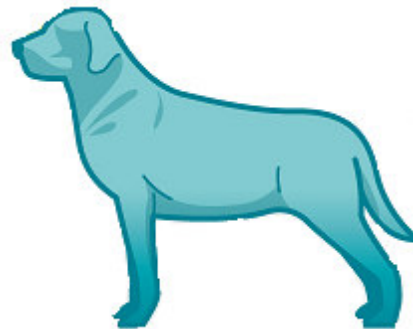
2

- Ribs, spine and hip bones easily seen
- Obvious waist and abdominal tuck
- Very little fat can be felt under the skin



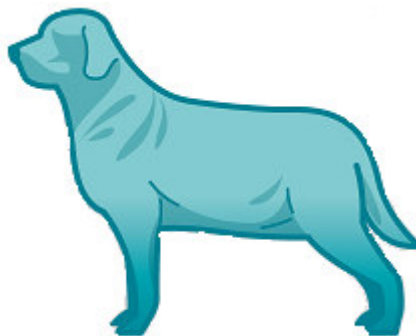
3

- Ribs, spine and hip bones easily felt
- Visible waist with an abdominal tuck
- A small amount of fat can be felt



4

- Ribs, spine and hip bones are hard to feel
- Waist barely visible with a broad back
- Layer of fat on belly and at the base of tail



5

- Ribs, spine and hips extremely difficult to feel under a thick layer of fat
- No waist can be seen and belly may droop significantly
- Heavy fat pads on lower back and at base of tail

Pictures and descriptions courtesy of the PFMA.

Section F: Health

37. Is this dog taking any regular medication prescribed by a vet to treat a diagnosed condition? (other than routine vaccinations or treatment for worms/fleas)

No

Yes - please specify condition(s): _____

- please specify medication(s): _____



12837

38. Has this dog ever had any disease or veterinary conditions?

Yes - please complete the table on the next page as fully as possible.

No - please go to section G.

We are aware you may not have all of the information we are asking for so please use the 'Other - please specify' sections to tell us what you do know.

Disease condition		Additional information including medication
Bone, muscle or joint disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Arthritis of the hip of the elbow of another joint	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Joint: _____
Osteochondritis dissecans (OCD) of the elbow of the stifle (knee) of the shoulder of the hock (ankle)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Cruciate ligament rupture (CLR) Patellar luxation Centronuclear myopathy (CNM) Other - please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know _____	_____
Eye disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Progressive retinal atrophy (PRA) Retinal dysplasia/oculo-skeletal dysplasia (RD/OSD) Cataract Corneal dystrophy Other - please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know _____	_____
Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart murmur Mitral valve disease Tricuspid valve dysplasia Pulmonic stenosis Third degree heart block Pericardial effusion Other - please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know _____	_____

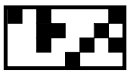


12837

Disease condition		Additional information including medication
Allergic skin disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Atopy (environmental allergy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Flea allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Food allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Other - please specify:	_____	_____
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dog had ANY cancerous tumours or growths?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	If YES please give any further information you have:
Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____
Mast cell tumour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____
Histiocytoma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____
Melanoma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____
Other - please specify type/location	_____	_____
Other		
Exercise-induced collapse (EIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Laryngeal paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Bloat or gastric torsion (GDV)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Deafness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Diabetes mellitus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Hypothyroidism	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Has this dog been BAER hearing tested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cryptorchidism (undescended testicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Other - please specify:	_____	_____

Section G: Comments

This space is for you to make any additional comments that you may have on the questionnaire, this study or specific issues that you feel are important. Your input is welcomed.



12837

How to measure your Labrador Retriever.

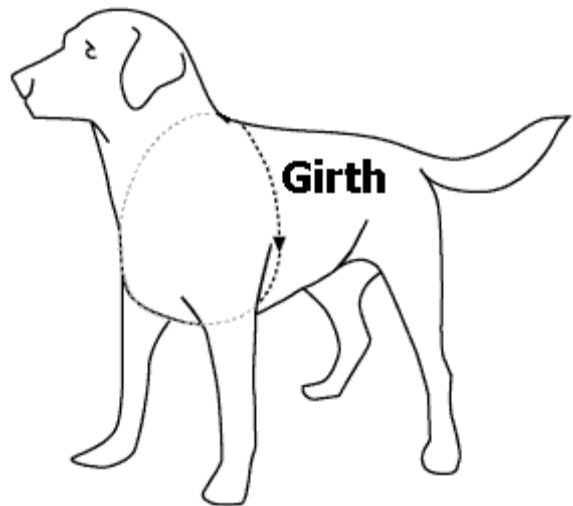
Things you will need beforehand:

- A flexible measuring item i.e. tape measure or a leash or string which can be marked and measured against a yard stick
- Paper and a pen to write down the measurements
- It can be helpful to have a second person with you especially if your dog tends to squirm. A second person is invaluable when measuring your dog's height.

It is advisable to measure your dog on a flat non-slip surface.

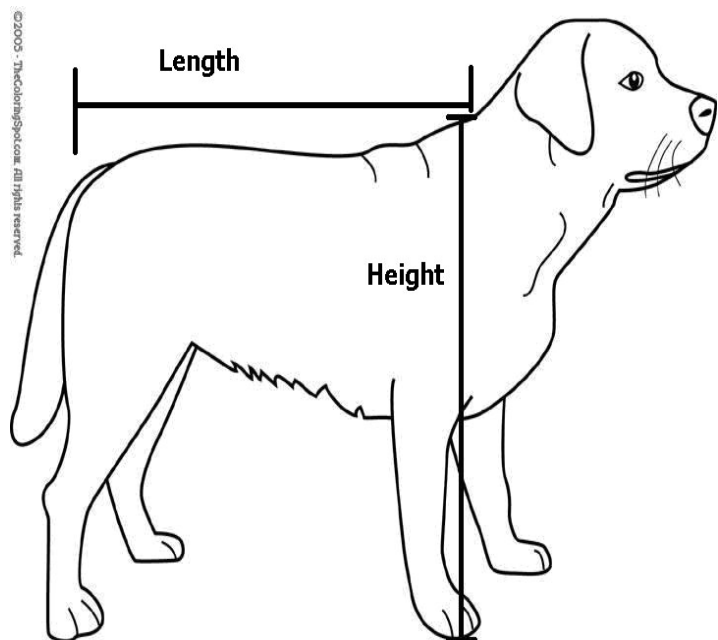
To measure your Labrador's girth:

Stand over your dog and place one end of the tape measure on his spine, just above the widest part of his rib cage. With your other hand, wrap the tape measure behind his front legs and around his body, going underneath the widest part of his rib cage. Place this end next to the beginning of the tape. Put your thumb on the number that meets up with the beginning of the tape measure. The number is the girth measurement.



To measure your Labrador's height:

You will require your helper to stand to one side of the dog running the tape measure from the floor up toward the dogs shoulders (*withers*) Using the edge of a pen or pencil you can identify where the dogs withers reach on the tape measure.



Above picture courtesy of thecoloringspot.com

To measure your Labrador's length:

Stand over your dog and place one end of the tape measure immediately behind his neck at the top of the dogs shoulder blades (*withers*) to the start of the dog's tail.

Weighing your Labrador:

Please note it is not advisable for you to attempt to lift a Labrador Retriever as it could be hazardous.

Your own vet may allow you to weigh your dog using their walk on scales. We would be very grateful if you could provide us with the current weight of your dog, however we are aware that this will not be possible for everyone.