

# PWDCA Cancer Committee Questionnaire

**Committee Members:**

Beverly Ironside  
 Caren Murray  
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Please send completed form via mail, fax or email to:

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Dog's Registered Name: \_\_\_\_\_ AKC Number \_\_\_\_\_

Dog's Call Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cancer Diagnosed Age: \_\_\_\_\_

Sire \_\_\_\_\_ AKC Number \_\_\_\_\_

Dam \_\_\_\_\_ AKC Number \_\_\_\_\_

**What were the dogs' symptoms leading up to the diagnosis?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How was the diagnosis made?** i.e. [ ] X-ray [ ] Ultrasound [ ] Surgery [ ] Biopsy--Please describe:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF CANCER	Please <input type="checkbox"/>	LOCATION OF CANCER	Please <input type="checkbox"/>
Adenocarcinoma		Spleen	
Basil Cell Tumor		Bladder	
Brain/CNS Tumor		Heart	
Hemangiosarcoma		Liver	
Lung Cancer		Pancreatic	
Lymphosarcoma		Stomach	
Mammary Tumor		Mouth/Jaw	
Mast Cell Tumor		Kidney	
Melanoma		Hip	
Osteosarcoma		Leg	
Prostatic Tumors		Abdominal	
Squamous Cell Carcinoma		Lungs	
Other:		Body Cavity	
		Colon	
		Spine	
		Tail	
		Other:	

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**Treatment: Please include any treatments**--traditional, homeopathic, holistic, nutritional, supplements, etc. Please be specific and include exact type of treatment.

[ ] Chemotherapy: Drug Used: \_\_\_\_\_ Length & Frequency: \_\_\_\_\_  
 [ ] Radiation Location: \_\_\_\_\_ Length & Frequency: \_\_\_\_\_  
 [ ] Surgery Location: \_\_\_\_\_ Result: \_\_\_\_\_

**Describe the dogs' quality of life** during and after the treatment and if you would do this treatment again. If not, is there another treatment you would try. \_\_\_\_\_

**Please also indicate the vaccination protocol your dog received (If known):**

Vaccinations Received	Single Shot	Combo Shot	Age at Initial Puppy Vaccination (usually 6-8 weeks)	Age at Subsequent Puppy Vaccination (usually 10-12 weeks)	Age at Subsequent Puppy Vaccination (usually 12-14 weeks)	Frequency of Adult Booster Shots (Annually?--Every Other Year?--Every 3 Years?)
Parvovirus						
Distemper						
Distemper-Measles						
Rabies 1-year						
Rabies 3-year						
Other:						
Other:						
Did you Titer prior to giving subsequent vaccinations? Yes/No						

**Please return this form along with a copy of pathology reports and treatment protocol** that you may have followed. If your Veterinarian has not provided these to you—just ask--veterinarians should be happy to furnish you with this information. Please supply as much information as possible.

The Portuguese Water Dog Club of America and the Cancer Committee members regret that you need to fill this form out. We would like to thank you for caring enough for our breed to report important health issues. By completing this information you give permission for this information to be shared with any research organization approved by the PWDCA Board of Directors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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