



## FORM 2 of 3 MEDICAL FORM

Poodle Variety:

Standard  Miniature  Toy

Registered Name of Dog: \_\_\_\_\_

Send form to:

**PHR**

PO Box 2478  
Friday Harbor, WA  
98250

Fax #:  
360-378-6954

### Instructions:

1. Fill out the top of this form online and **then** print **both** pages.
2. Have the veterinarian fill out the bottom of this form by hand.
3. Send it by **regular mail** or **fax** with attached copy of the veterinary diagnosis record to the address above.

Date of Birth of Dog: \_\_\_\_\_

Disease: (✓ copy of veterinary record including diagnosis attached)

Disease <i>type, if applicable</i>	Date of Diagnosis
<input type="checkbox"/> Addison's Disease <i>typical / secondary / don't know</i>	
<input type="checkbox"/> AIHA or IMHA ( <i>autoimmune or immune-mediated hemolytic anemia</i> )	
<input type="checkbox"/> birth defects ( <i>cleft palate, missing or deformed limb, etc.</i> ) <i>type: limb, etc.</i>	
<input type="checkbox"/> bite abnormalities	
<input type="checkbox"/> bloat ( <i>GDV – gastric dilation and volvulus</i> )	
<input type="checkbox"/> CAH ( <i>chronic active hepatitis</i> )	
<input type="checkbox"/> cancers of all kinds <i>type</i>	
<input type="checkbox"/> canine age-related cognitive disorder <i>age at onset</i>	
<input type="checkbox"/> cataracts <i>type</i>	
<input type="checkbox"/> chronic obstructive pulmonary disease	
<input type="checkbox"/> cryptorchid	
<input type="checkbox"/> Cushings Disease	
<input type="checkbox"/> diabetes <i>type</i>	
<input type="checkbox"/> distichiasis/trichiasis	
<input type="checkbox"/> elbow dysplasia	
<input type="checkbox"/> entropion or ectropion	
<input type="checkbox"/> epilepsy/seizure disorder	
<input type="checkbox"/> eye disease - type	
<input type="checkbox"/> food allergies	
<input type="checkbox"/> glaucoma	
<input type="checkbox"/> heart abnormalities	
<input type="checkbox"/> hip dysplasia	
<input type="checkbox"/> Horner's syndrome	
<input type="checkbox"/> IBD ( <i>inflammatory bowel syndrome</i> )	

continued on page 2



Form 2 continued from page 1

- IMTP/ITP (*immune-mediated thrombocytopenia/idiopathic thrombocytopenia purpura*)
- JRD (*juvenile renal disease*)/renal dysplasia
- juvenile cataracts
- Legg-Calvé-Perthes Disease
- liver disease
- liver shunt
- lupus
  - discoid or SLE—systemic lupus erythematosus*
- luxating patellas
- masticatory muscle myositis or eosinophilic myositis
- megaesophagus
- neonatal encephalopathy
- optic nerve hypoplasia
- osteochondritis dissecans
- other allergies
  - type*
- pancreatic enzyme deficiency
- pancreatitis
- pemphigus foliaceus
- polycythemia vera
- PRA (*progressive retinal atrophy*)
  - type*
- renal disease
  - type*
- SA (*sebaceous adenitis*)
- SCC (*squamous cell carcinoma of the digit*)
- symmetrical lupoid onychodystrophy (SLO)
- tear duct problems
- thyroid (*hyper or hypo*)
- vWD (*von Willebrand's Disease*)
- other
  - specify*