The American Chesapeake Club (ACC) is conducting this health survey as an update to the original survey published in 2003. Its purpose is to better understand which diseases and health conditions (both genetic and non-genetic) are of greatest concern to Chesapeake Bay Retriever owners and breeders. Your answers will help the ACC decide where efforts would best be applied in the area of health research (e.g., recommendations to the ACC Charitable Trust, how to apply AKC Canine Health Foundation Donor Advised Funds, etc.).

All answers to the survey will be kept confidential.

The concept behind the design of this survey is that each owner will be able to enter information on his/her dogs in a completely anonymous and secure fashion. The database has been created and will be maintained by a company that does market research of a sensitive nature Internationally and is fully versed in the development of confidential data collection systems.

To begin to participate in the survey you will register as a user. You will create a user name and select a password. In order to enable users to update the information on specific dogs you will create a “profile” for each dog that you enter. You will then be able to go back to that dog’s profile at any time to add new diagnoses. The profile will ask for a “name” for each dog you enter. This information is solely for the purpose of making it easy for you to go back and update the health history of that dog, so you can enter any name that you wish whether it is the dog’s actual name or one that you create for the purpose of this survey. Remember, no one will be able to access this information or tie it to you as a breeder or owner.

Our goal is to gather data on enough dogs to create generalizable knowledge of the health conditions that are affecting our breed. What may seem like an obscure diagnosis in one of your dogs may turn out to be important when we look at its occurrence in the tens of thousands of dogs we hope to enroll in this project. For that reason, we have taken every possible action to ensure you feel you can answer the questions honestly and no one will ever be able to know what information you have entered on your dogs. Think of a cloud-based data collection system as if thousands of people are throwing balls of various sizes into a huge net. The balls will sit into the net until at some time openings in the net allow balls of various sizes to drop out and be sorted. As the balls of similar sizes are sorted it is impossible to know who threw them up there in the first place.

This survey is for all dogs living with you between the years 2004- the present. To ensure only one entry per dog, please complete the survey only for dogs you currently own or owned at the time of death. For dogs co-owned, please ensure only one owner completes the survey. For dogs that lived with you on a temporary basis (fosters, dogs sold etc.),
please ask their current or final owners to complete the survey. Please fill out the survey even if you do not currently have a Chesapeake, as all information on dogs living within the stated time frame (2004-present) is important to this process.

This survey consists of two parts: an owner survey, and a dog(s) survey. The ownership survey is a series of simple questions that will help get a better understanding of the range of people answering the survey (breeders, hunters, rescue workers, etc.). We wish to include as diverse a group as possible in this survey. The ownership survey includes basic perception questions (such as what diseases you feel are of greatest concern), as well as descriptive information.

In addition to filling out surveys for your own dog(s), please encourage other owners who are not members of the ACC to participate in the survey. For any questions or issues, you have with the survey, please contact: ACCHealth@LiebermanResearch.com.

ACC Health Survey
Questions Only

Owner Survey

1. How many years have you owned Chesapeake Bay Retrievers?
2. What is the total number of Chesapeake Bay Retrievers that have lived in your household between 2004 and the present?
   a. Total number still living?
   b. Total number deceased

Please check the dog activities that you participate in.
   - Hunting
   - Hunt tests
   - Field trials
   - Obedience
   - Rally
   - Agility
   - Barn Hunt
   - Dock Diving
   - Therapy visits
   - Conformation
   - Lure Coursing
   - Tracking
   - Nose work
   - Service dog
   - Other
3. What country do you live in?
4. Which describes where you resided most of the time with your dogs?
   a. Urban
   b. Suburban
   c. Rural
5. How many times per month do your dog(s) typically swim?
6. Which best describes the types of water your dog(s) swim in?
   a. Salt or brackish
   b. Fresh water (lake or pond)
   c. Public access
   d. Private property
7. Which clubs are you a member of:
   American Chesapeake Club
   Chesapeake Bay Retriever Club of Canada
   National Chesapeake Club (Outside of the US or Canada)
   Local/Regional Chesapeake Specialty Club
   Local All-Breed Kennel Club
   Retriever training club
   Other club
8. Which three health conditions do you believe to be most common in the Chesapeake Bay Retriever?
9. Which three health conditions do you believe to be the most serious in the Chesapeake Bay Retriever?
10. During the years 2004-present, have you bred or co-bred a litter of Chesapeake Bay Retrievers?
11. During the years 2004-present, has a male dog you owned sired a litter of Chesapeake bay Retriever puppies?

**Living Dogs**

<table>
<thead>
<tr>
<th>Dog 1</th>
<th>Name</th>
<th>Gender</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog 2</td>
<td>Name</td>
<td>Gender</td>
<td>Date of birth</td>
</tr>
</tbody>
</table>

Continue with all your living dogs.

**Deceased Dogs**

<table>
<thead>
<tr>
<th>Dog 3</th>
<th>Name</th>
<th>Gender</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog 4</td>
<td>Name</td>
<td>Gender</td>
<td>Date of birth</td>
</tr>
</tbody>
</table>

Continue with all your deceased dogs owned during 2004-present.
Dog Survey (fill out one for each dog)

Dog #1   Gender   Date of birth

1. If deceased, what was the age of this dog at the time of death?
2. What was the adult weight of this dog?
3. Was this dog intact or spayed/neutered?
   a. Intact
   b. De-sexed (spayed or neutered)
   c. Sterilized leaving reproductive organs intact
   d. Sterilized by alternative method
4. If de-sexed, at what age was this dog spayed/neutered?
5. Where did you obtain this dog?
   a. Breeder
   b. Bred myself
   c. Prior owner
   d. Rescue/shelter organization
   e. Pet store
   f. Other
6. Was this dog registered?
   a. American Kennel Club
   b. Canadian Kennel Club
   c. United Kennel Club
   d. Other
   e. Unregistered
7. If breeder in question 5, were you told if your puppy’s parents had health testing done?
8. If breeder in question 5, did you receive a written health guarantee?
9. Which vaccines were given to this dog at any time throughout its life?
   a. Parvo
   b. Hepatitis
   c. Distemper
   d. Parainfluenza
   e. Rabies
   f. Leptospirosis
   g. Lyme
   h. Corona
   i. Bordetella
   j. Canine Influenza
   k. None
   l. Do not know/remember
10. What was the frequency of boosters given?
    a. Annual
    b. As indicated by titer
    c. Some other interval
    d. Do not know/remember
11. Which other medications/treatments has this dog been given? Check all that apply.
   a. Heartworm preventative
   b. Long-acting topical flea/tick preventative
   c. Oral flea/tick preventative
   d. Flea/tick collar

12. What type(s) of diet are/were fed?
   a. Dry
   b. Canned
   c. Raw
   d. BGE (Boutique or Grain-Free Diets using Exotic Ingredients)
   e. Home Cooked
   f. Other

13. Which category(ies) of health problems, if any, did this dog experience?
   a. Allergic
   b. Blood/Lymphatic
   c. Cancer
   d. Cardiac
   e. Dental
   f. Ears
   g. Endocrine (diabetes, thyroid, Addison’s, Cushing’s)
   h. Eyes
   i. Gastrointestinal (stomach problems, bloat)
   j. Immune
   k. Kidney
   l. Liver
   m. Neurologic (spinal cord, nerves, paralysis)
   n. Orthopedic (bones and joints)
   o. Reproductive (including issues affecting puppies)
   p. Respiratory
   q. Seizures
   r. Skin/coat
   s. Temperament/behavior
   t. Tumors (benign)
   u. Other
   v. No health problems

14. Which specific conditions affected this dog?

15. How was the diagnosis obtained?
   (List each condition)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Me, Veterinarian by exam, Veterinarian by diagnostic/lab test, Necropsy</td>
</tr>
</tbody>
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16. If deceased show all selected conditions: Which condition was the main cause of death?
17. If this dog was used for breeding: What is the status for inherited genetic conditions for this dog?
   a. PRA  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
   b. DM  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
   c. EIC  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
   d. ED/SF  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
   e. Dilute  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
   f. Long coat  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
   g. Other  Unknown, Clear by Parentage (both parents tested negative), Clear by Pedigree (Sire and dam were not tested but their parents were both clear), Tested Clear, Tested Carrier, Tested affected/at risk.
18. Which if any health testing was done on this dog?
   a. OFA hips
   b. Penn hip
   c. OFA elbows
   d. Patella
   e. CAER(OFA) eyes
   f. CERF eyes
   g. OFA thyroid
   h. Cardiac certification
   i. Other
19. If male, how many litters did this dog sire?
20. If male, how many times was this dog bred, where no puppies were produced?
21. If male, what was the average litter size sired?
22. If male, was this dog’s semen ever evaluated by a veterinarian?
23. If so, what was the sperm quality assessed at?
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor
24. If female, How many litters did this bitch produce?
25. If female, what is the status of the puppies that she produced?
   a. Not registered
   b. Registered with the AKC
   c. Registered with another organization
26. If female, how many times was this bitch bred, where no puppies were produced?
27. If female, what was the average litter size produced?
28. If female, how were litters from this bitch whelped?
   a. Natural whelp
   b. Scheduled C-section
   c. Emergency C-section
29. If female, which breeding methods were used for this bitch to conceive?
   a. Natural
   b. Side-by-side AI
   c. Fresh Chilled AI
   d. Frozen semen
   e. Transcervical Implant
   f. Surgical Implant
30. Overall, what was the average puppy survival rate at 8 weeks for this bitch?
31. Which, if any, birth defects occurred?
   a. None
   b. Immature/incompletely developed puppies
   c. Cleft Palate
   d. Midline closure issue
   e. Other malformed puppy
   f. Fading puppy
   g. Swimmers
   h. Umbilical hernia
   i. Inguinal hernia
   j. Other defect
32. Which, if any, official breed standard disqualifications were seen at birth?
   a. None
   b. Dewclaws on hind legs (legally removed)
   c. Black colored
   d. White on any part of the body except breast, belly, toes or back of feet.

Thank you for your time in completing this important survey.