

## DOBERMANN BREED HEALTH CERTIFICATE

“Up until recently, the Kennel Union did not have the facility or capability to be able to keep records of health screening test results. Much progress has been made and the Kennel Union is now able to record both clinical and genetic health tests results for each individual dog recorded on the KUSA data base. A certificate, on which all health test results are recorded, is available upon receipt of a written request, from the KUSA office, at no charge.

We hereby appeal to breed specialist clubs to engage with the Kennel Union with regards to the known hereditary conditions that afflict specific breeds. We ask that each club submit a report detailing the hereditary conditions that affect your specific breed, the type of health screening test that your club recommends and the names of the testing institutions that your club recognizes.”

The following is a list of heredity problems experienced by the Dobermann Breed:

1. **Hip Dysplasia:** The state of the hips shall be determined by X-rays which are interpreted by an expert selected from a panel approved by KUSA. For a Dobermann litter to be registered both parents shall have hips rated at B2 or better. This requirement will remain and in addition the parent’s hip score will be reflected on the puppy’s Health Certificate.
2. **von Willebrand’s Disease:** A DNA test is available for this condition. The outcome is Clear or Carrier/Affected. It is recommended that only Clear to Clear or Clear to Carrier be mated. If the mating is Clear to Clear, then all the offspring will be Clear by parentage. Provided KUSA is in possession of Certificates from an accepted Laboratory defining the vWD status of forebears as Clear, this status will carry through. The status of pups in a litter will therefore be: Clear, Unknown (Clear or Carrier/Affected), Not Tested. This is a definitive test, accessible to anyone from anywhere.
3. **Dilated Cardiomyopathy/DCM:** This is a new DNA test following work done by Dr Meurs in USA. It is not an exclusive test, but Dr Meurs is on record as saying that they had not had a Dobermann with DCM that did not test positive. On the other hand some 15% who had tested negative had developed DCM. The occurrence of DCM in Dobermanns is said to be in excess of 50%. The results of the test can be Negative, Positive Heterozygous, or Positive Homozygous. The recommendation is to breed Negative to Negative, or Negative to Heterozygous. If this results in a reduction of the incidence of DCM in Dobermanns it would be a worthwhile test.
4. **Teeth:** The potential for complete dentition will be determined in the following manner; Both parents are in possession of certificate or critique from a specialist Dobermann Judge confirming that they have a complete scissor bite and full dentition of 42 teeth. Alternatively, a letter from a Veterinary Dental Expert confirming complete scissor bite and full dentition based on full mouth radiograph submitted to such Expert.  
If one parent has previously sired or whelped a litter where puppies have missing teeth, then the other parent must have full dentition. It is suggested (Dr Steenkamp) that each puppy in the litter should be given a full mouth radiograph which should then be sent to a Veterinary Dental Expert for evaluation. This should be optional.

5. **Eye Tests:** Of the eye problems currently tested for PHTVL/PHPV is the most significant and in severe cases can lead to blindness. Although annual eye test are usually recommended, PHTVL/PHPV should not change during the dog's lifetime so should only need to be tested for once. An eye specialist performs the test and a certificate is issued. It is recommended that at least one of the parents be clear. The health certificate should contain the results of tests on the dam & sire. Puppies can be safely tested even at 8 weeks of age so if a breeder chooses the puppies can be tested and results recorded. Two clear parents do not however ensure clear offspring.
6. **Hypothyroidism:** TSH and T4 tests can be done but results are only valid at the time of testing. Testing should be available at your usual vet. It is recommended that the dam & sire be tested before mating if there are known instances of Hypothyroidism. Results to be recorded on health certificate or show 'not tested'.
7. **Wobblers Syndrome:** This condition is symptomatic. Dogs or Bitches exhibiting such symptom should not be used for breeding. Offspring from previous litters should be carefully monitored for evidence of the disease.
8. **Cryptorchidism:** A bilateral crypt orchid is infertile and thus, is unable to produce offspring. As a result, the undesirable allele is self limiting through natural and artificial selection as they are unable to bear young with the same defect. However, the unilateral crypt orchid is fertile. Through artificial selection, we may also decrease the percentage of undesirable characters by eliminating affected animals (those with one testicle but fertile) from breeding programs, thus preventing them from producing 'carrier' and similarly affected progeny.

If breeders continually introduce "mutants" into a population, that population will have a natural tendency to move toward homozygosity for the recessive allele/s; in this case, cryptorchidism. Over many generations, cryptorchidism becomes the norm rather than the exception. In other words, we "fix" the allele for cryptorchidism. Conversely, a population will experience a decrease in cryptorchidism if we systematically eliminate affected animals from the breeding program. Where cryptorchidism may have been the norm, it now becomes the exception. Thus, results are not seen overnight but rather, are realized over a period of generations.