

Please give a copy to your Veterinarian to read and keep in your file.

Puppy Name

Breed **Golden Retriever**

Gender

D.O.B.

Wormings

2,4,6 weeks	Pyrantel Pamoate		
	Ivermectin		
	Praziquantel		

Vaccinations

The owner of this puppy has agreed to follow the vaccine protocol recommended by the [WSAVA \(World Small Animal Veterinary Association\)](#)

It is currently accepted that many of the health issues Golden Retrievers are dealing with are immune system related and along those lines over vaccination is contributing to immune system problems. Below are the only core MLV recommended by the WASVA. **Copy of WSAVA protocol attached**

(Owners understand that most boarding facilities require a bordetella vaccine within 6 months of boarding. If needed owner will come to you at least 1 week before anticipated boarding. Please use **intranasal vaccine only** that includes the modified live Bordetella bronchiseptica and canine parainfluenza virus, with or without CAV-2.

AFTER 1 Year and FOR THE LIFE OF THIS DOG PLEASE **DO NOT GIVE ANY VACCINE BOOSTERS** FOR DISTEMPER, ADENOVIRUS or PARVO for at least 3 years, and no more than every 3 years after that. A better choice is **titer testing**. If titers indicate vaccination is necc. Please only vaccinate for the virus protection needed. Please don't do a combo shot that includes whats not needed.

Other than a possible Lepto condition in this dogs area that you may feel requires consideration, please do not give this puppy any other vaccines other than what is listed below as scheduled and don't give any vaccines together with other vaccines, especially Rabies.

Please lets work together to start building a healthier, long lived Golden Retriever.

Under no circumstance should a non-infectious (killed, inactivated) vaccine be used during the puppy series to replace the MLV vaccines or the recombinant (r) viral vectored vaccine. Rabies vaccines given to animals should only be non-infectious (killed, inactivated) products. I suggest separate single antigen vials whenever possible spaced 3 days apart. If there is a reaction this is the only way to know which vaccine caused it. I leave this up to the owner whether single or combined vaccines are used.

Vaccinations To date:	8 weeks	NeoVac D (modified live) NeoPar (modified live)	Given 3 days apart
Still needs	11-12 weeks	Distemper & Parvovirus, MLV (suggest separate, single vaccines 3 days apart)	
Still needs	15-16 weeks (suggest titer at 18 weeks)	Distemper with Adenovirus type 2 and Parvovirus, all MLV	
	20 Weeks or Older (if allowable by law):	Rabies	
	1 Year	Distemper with Adenovirus type 2 and Parvovirus, (separate vaccines given 3 days apart) MLV (Optional Titer in lieu of vaccine)	Allow 3-4 weeks between DAPV and Rabies
	1 Year	Rabies- killed 3-year product (give 3-4 weeks apart from distemper/parvovirus booster)	Allow 3-4 weeks between DAPV and Rabies
	Every 3 years there after	Perform Parvovirus Distemper Adenovirus antibody titers (more often if desired)	
		Rabies- Vaccinate for rabies virus according to the law, except where circumstances indicate that a written waiver needs to be obtained from primary care veterinarian. In that case a rabies antibody titer can also be performed to accompany the waiver request. See the Rabies Challenge Fund website.	

Desexing The owner of this puppy has agreed per my breeder requirements that this puppy will not be spayed/neutered until he/she is at least 1 year old for females and 18 months for males. If this puppy is a female and hasn't cycled yet, the owner agrees to wait on the spay until she has indeed had a cycle even if it takes longer than 12 months. **Please do not recommend early sterilization.**

See [UCDavis Spay Nueter Study that is attached](#) and/or watch Dr. Karen Beckers video on [youtube](#) called "Dr. Becker: The Truth About Spaying and Neutering (<https://www.youtube.com/watch?v=enPCZA1WFKY>)

As a responsible breeder committed to the future of healthy Golden Retrievers, I welcome any questions or comments you may have.

Barbara Thornberry 425 870 8735 Valor Golden Retrievers valorgoldens@aol.com

WSAVA (World Small Animal Veterinary Association) Vaccine Protocol

The Basic Immunization Schedule

Guidelines and recommendations for core (recommended), non-core (optional), and not recommended vaccines for the general veterinary practice are given in Table 1. The VGG considers that a core vaccine is one that all puppies throughout the world must receive in order to provide protection against infectious diseases of global significance. The VGG recognizes that particular countries will identify additional vaccines that they consider core. A particular example of a vaccine that may be considered core in only some countries is that against rabies virus. In a geographical area in which this infection is endemic all dogs should be routinely vaccinated for the protection of both the pet and human populations. In some countries, mandatory rabies vaccination is a legal requirement, and is generally also required for international pet travel. Non-core vaccines are those that are licensed for the dog and whose use is determined on the basis of the animal's geographical and lifestyle exposure and an assessment of risk-benefit ratios. Not recommended vaccines are those for which there is little scientific justification for their use.

Pup Vaccination and the 12 Month Booster

Most pups are protected by MDA in the first weeks of life. In general, passive immunity will have waned by 8–12 weeks of age to a level that allows active immunization. Pups with poor MDA may be vulnerable (and capable of responding to vaccination) at an earlier age, while others may possess MDA at such high titres that they are incapable of responding to vaccination until ≥ 12 weeks of age. No single primary vaccination policy will therefore cover all possible situations. The recommendation of the VGG is for initial vaccination at 8–9 weeks of age followed by a second vaccination 3–4 weeks later, and a third vaccination given between 14–16 weeks of age. By contrast, at present many vaccine data sheets recommend an initial course of two injections. Some products are also licensed with a '10 week finish' designed such that the second of two vaccinations is given at 10 weeks of age. The rationale behind this protocol is to permit 'early socialization' of pups. The VGG recognizes that this is of great benefit to the behavioural development of dogs. Where such protocols are adopted, great caution should still be maintained by the owner – allowing restricted exposure of the pup to controlled areas and only to other pups that are healthy and fully vaccinated. The VGG recommends that whenever possible a third dose of core vaccine be given at 14–16 weeks of age. In immunological terms, the repeated injections given to pups in their first year of life do not constitute boosters. They are rather attempts to induce a primary immune response by injecting the attenuated virus (of modified live virus [MLV] vaccines) into an animal devoid of neutralizing antibody, where it must multiply to be processed by an antigen presenting cell and stimulate antigenspecific T and B lymphocytes. In the case of killed (inactivated) vaccines, MDA may also interfere with this immunological process by binding to and 'masking' the relevant antigens. Here repeated doses are required. All dogs should receive a first booster 12 months after completion of the primary vaccination course. The VGG redefines the basic immunization protocol as the ensemble of the pup regime plus this first booster. The 12 month booster will also ensure immunity for dogs that may not have adequately responded to the pup vaccinations.

Revaccination of Adult Dogs

Dogs that have responded to vaccination with MLV core vaccines maintain a solid immunity (immunological memory) for many years in the absence of any repeat vaccination. Following the 12 month booster, subsequent revaccinations are given at intervals of 3 years or longer, unless special conditions apply. It should be emphasized that the considerations given above do not generally apply to killed core vaccines nor to the optional vaccines, and particularly not to vaccines containing bacterial antigens. Thus *Leptospira*, *Bordetella* and *Borrelia* (Lyme disease) products, but also parainfluenza virus components, require more frequent boosters for reliable protection. Therefore an adult dog may today still be revaccinated annually, but the components of these vaccinations may differ each year. Typically, core vaccines are currently administered triennially, with chosen non-core products being given annually. The VGG is aware that in some countries only multi-component products containing core and non-core combinations are available. The VGG would encourage manufacturers to make a full range of single-component vaccines available wherever possible. An adult dog that had received a complete course of core vaccinations as a puppy followed by the 12 month booster, but may not have been regularly vaccinated as an adult, requires only a single dose of core vaccine to boost immunity. Many current data sheets will advise in this circumstance that the dog requires two vaccinations (as for a puppy) but this practice is unjustified and simply contrary to the fundamental principles of immunological memory. By contrast, this approach may be justified for an adult dog of unknown vaccination history, and when serological testing has not been performed.

Serological Testing to Monitor Immunity to Canine

Vaccines Antibody tests are useful for monitoring immunity to CDV, CPV-2, CAV-1 and rabies virus. Antibody assays for CDV and CPV-2 are the tests of greatest benefit in monitoring immunity, especially after the puppy vaccination series. During recent years, many laboratories have standardized their methodologies for such testing. There are legal requirements for rabies antibody testing for pet travel between some countries. In-practice testing will probably become more popular as soon as rapid, simple, reliable and cost-effective assays are more widely available. A negative test result indicates that the animal has little or no antibody, and that revaccination is recommended. Some of these dogs are in fact immune (false-negative), and their revaccination would be unnecessary. A positive test result on the other hand would lead to the conclusion that revaccination is not required. This is why robust yes/no answers must be provided by any assay. With CDV and/or CPV-2 tests, an animal with a negative result, regardless of the test used, should be considered as having no antibody and susceptible to infection. On completion of the puppy series at 14–16 weeks of age, an animal should have a positive test result, provided the serum sample is collected 2 or more weeks after vaccination. Seronegative animals should be revaccinated and retested. If it again tests negative, it should be considered a non-responder that is possibly incapable of developing protective immunity

Flow chart for serological testing of puppies

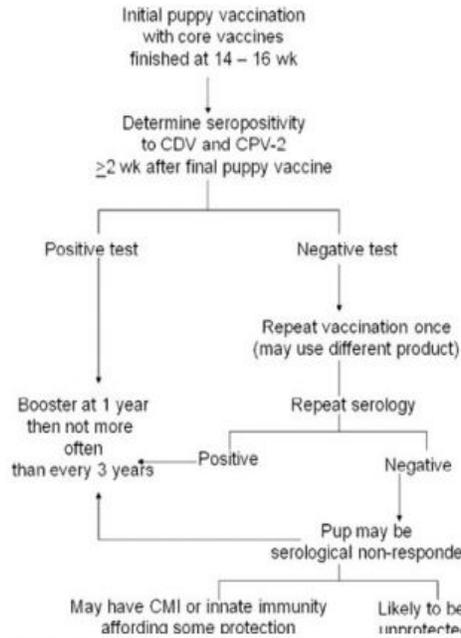


Figure 1. Flow Chart for Serological Testing of Puppies. CMI = cell-mediated immunity.

Complete guideline can be viewed at h

[tp://www.wsavacines](http://www.wsavacines)

Vaccine	Initial Puppy Vaccination (<= 16 weeks)	Initial Adult Vaccination (> 16 weeks)	Revaccination Recommendation	Comments and Recommendations <i>See text for definitions of core, non-core and not recommended vaccines</i>
<i>Borrelia burgdorferi</i> (Lyme borreliosis; killed whole bacterin, parenteral)	Recommendation is for initial dose at 12 weeks of age or older after completion of the puppy core viral vaccines with a second dose 2-4 weeks later.	Two doses, 2-4 weeks apart.	Annually. Revaccinate just prior to start of tick season as determined regionally.	Non-core. The VGG recommends that this vaccine not be administered before 12 weeks of age and preferably after completion of the core series of puppy vaccines. Generally recommended only for use in dogs with a known high risk of exposure, living in or visiting regions where the risk of vector tick exposure is considered to be high, or where disease is known to be endemic.
<i>Borrelia burgdorferi</i> (rLyme borreliosis) (recombinant-Outer surface protein A [OspA], parenteral)	Initial dose at 12-16 weeks of age or older after completion of the puppy core viral vaccines with a second dose 3-4 weeks later	Two doses 3-4 weeks apart, then annually or more often.		Non-core. Vaccination should be restricted to use in geographical areas where a significant risk of exposure has been established or for dogs whose lifestyle places them at significant risk. These dogs should be vaccinated at 12-16 weeks of age, with a second dose 3-4 weeks later, and then at intervals of 9-12 months until the risk has been reduced. This vaccine is the one least likely to provide adequate and prolonged protection, and therefore must be administered annually or more often for animals at high risk. Protection against infection with different serovars is variable. This product is associated with the greatest number of adverse reactions to any vaccine. In particular, veterinarians are advised of reports of acute anaphylaxis in toy breeds following administration of leptospirosis vaccines. Routine vaccination of toy breeds should only be considered in dogs known to have a very high risk of exposure.
<i>Leptospira interrogans</i> (combined with serovars canicola and icterohaemorrhagiae; killed bacterin, parenteral) (also available in the USA with serovars grippityphosa and pomona)	Two doses 2-4 weeks apart with initial dose at >6 weeks of age	Two doses, 2-4 weeks apart	Annually	Non-core. Conditional license only in USA. Consider for at-risk groups of co-housed dogs such as those in kennels, dog shows or day care.
Canine influenza virus (CIV; killed adjuvanted, parenteral)				Not Recommended. Prevalence of clinical cases of confirmed CCV disease does not justify vaccination.
Canine Coronavirus (CCV; killed and MLV, parenteral)				

The VGG did not consider the following products:

- *Crotalus atrox* toxoid (rattlesnake vaccine)—Conditional USDA License
- *Parapharymonas* sp. (periodontal disease vaccine)—Conditional USDA License
- *Babesia* vaccine (soluble parasite antigen from *B. canis* in saponin)—EU Licensed
- *Babesia* vaccine (soluble parasite antigen from *B. canis canis* and *B. canis rossii* in saponin)—EU Licensed
- Canine herpesvirus vaccine—EU Licensed

The killed parenteral *Giardia lamblia* vaccine for the dog (listed in the 2007 guidelines) is no longer available.

Proven Health Consequences of Early Spay/Neuter

Hip Dysplasia & Torn Cruciate Ligaments	Sex hormones are needed to achieve peak bone density. Neutering before puberty produces taller dogs by delaying the closing of the growth plates and allowing the dog to continue to grow past puberty. Body proportions and the relative length and weight of various bones are altered, which can lead to increased incidence of hip dysplasia and torn cruciate ligaments.	Slauterbeck JR, Pankratz K, Xu TK, Bozeman SC, Hardy DM. <i>Clin Orthop Relat Res.</i> 2004;429:301305.; Zink C. Early Spay-Neuter Considerations for the Canine Athlete: One Veterinarian's Opinion. 2005. www.caninesports.com/SpayNeuter.html ; Gilsanz V, Roe TF, Gibbens DT, Schulz EE, Carson ME, Gonzalez O, Boechat MI. <i>Am J Physiol.</i> 1998; 255:E416-E21.; http://www.ncbi.nlm.nih.gov/pubmed/18052804
Decreased Life Span	Neutering before puberty produces taller dogs, and increased height corresponds with shorter life spans in Golden Retrievers. The shortest male Golden Retrievers live 2.2 years longer than the tallest males; the shortest bitches live 1.1 years longer than the tallest bitches.	Waters DJ, Kengeri SS, Clever B, Booth JA, Maras AH, Schlittler DL, Hayek MG. <i>Aging Cell.</i> 2009;8(6): 752-755.; Golden Retriever Club of America National Health Survey, 1998-1999.
Hypothyroidism	Golden Retriever males neutered before 1 year of age have an 80 percent greater risk of hypothyroidism. The risk is 60 percent for Golden bitches spayed before 1 year of age.	Zink C. Early Spay-Neuter Considerations for the Canine Athlete: One Veterinarian's Opinion. 2005. www.caninesports.com/SpayNeuter.html .; Panciera DL. <i>J Am Vet Med Assoc.</i> 1994;204:761-767.; Golden Retriever Club of America National Health Survey, 1998-1999.
Hemangiosarcoma	A retrospective study showed neutered dogs and spayed bitches have a two to five times greater risk of cardiac hemangiosarcoma. Hemangiosarcoma is the cause of death for one in five Golden Retrievers.	Zink C. Early Spay-Neuter Considerations for the Canine Athlete: One Veterinarian's Opinion. 2005. www.caninesports.com/SpayNeuter.html ; Ware WA, Hopper DC. <i>J Vet Intern Med.</i> 1999;13(2):95-103.; Golden Retriever Club of America National Health Survey, 1998-1999.
Osteosarcoma	Osteosarcoma affects 5 percent of Golden Retrievers, and several studies have shown the cancer to be significantly more common in neutered and spayed dogs.	Zink C. Early Spay-Neuter Considerations for the Canine Athlete: One Veterinarian's Opinion. 2005. www.caninesports.com/SpayNeuter.html ; Cooley DM, Beranek BC, Schlittler DL, Glickman NW, Glickman LT, Waters D. <i>Cancer Epidemiol Biomarkers Prev.</i> 2002;11(11):1,434-1,440.; Golden Retriever Club of America National Health Survey, 1998-1999.
Urinary Incontinence	Results of studies are not consistent, but early spaying seems to increase the occurrence of urinary incontinence in bitches. Early neutering also may correlate with increased urethral sphincter incontinence in males.	Zink C. Early Spay-Neuter Considerations for the Canine Athlete: One Veterinarian's Opinion. 2005. www.caninesports.com/SpayNeuter.html ; StocklinGautschi NM, Hassig M, Reichler IM, Hubler M, Arnold S. <i>J Reprod Fertil. Suppl.</i> 2001;57:233-236.; Aaron A, Eggleton K, Power C, Holt PE. <i>Vet Rec.</i> 1996;139:542-546.
Mammary Cancer	For bitches not spayed before the second heat cycle, the risk of mammary cancer increases to 26 percent. If allowed to have one heat cycle, the risk is 8 percent, and if spayed before the first heat cycle, the risk decreases to less than 0.5 percent.	Schneider R, Taylor CR, Taylor D. <i>J Natl Cancer Inst.</i> 1969;43:1,249-4,261.

Above stats from a national health survey conducted in 1998 by the Golden Retriever Foundation and the Golden Retriever Club of America. The comprehensive questionnaire gathered information from club members via mailed surveys, with the results posted on the parent club website (www.grca.org). The database included information about 1,444 Golden Retrievers from 746 respondents.

UCDavis Study

Golden retriever study suggests neutering affects dog health

February 13, 2013

Neutering, and the age at which a dog is neutered, may affect the animal's risk for developing certain cancers and joint diseases, according to a new study of golden retrievers by a team of researchers at the University of California, Davis.

The study, which examined the health records of 759 golden retrievers, found a surprising doubling of hip dysplasia among male dogs neutered before one year of age. This and other results were published Feb. 13 in the [online scientific journal PLOS ONE](#).

"The study results indicate that dog owners and service-dog trainers should carefully consider when to have their male or female dogs neutered," said lead investigator Benjamin Hart, a distinguished professor emeritus in the UC Davis School of Veterinary Medicine.

"It is important to remember, however, that because different dog breeds have different vulnerabilities to various diseases, the effects of early and late neutering also may vary from breed to breed," he said.

While results of the new study are revealing, Hart said the relationship between neutering and disease-risk remains a complex issue. For example, the increased incidence of joint diseases among early-neutered dogs is likely a combination of the effect of neutering on the young dog's growth plates as well as the increase in weight on the joints that is commonly seen in neutered dogs.

Dog owners in the United States are overwhelmingly choosing to neuter their dogs, in large part to prevent pet overpopulation or avoid unwanted behaviors. In the U.S., surgical neutering — known as spaying in females — is usually done when the dog is less than one year old.

In Europe, however, neutering is generally avoided by owners and trainers and not promoted by animal health authorities, Hart said.

During the past decade, some studies have indicated that neutering can have several adverse health effects for certain dog breeds. Those studies examined individual diseases using data drawn from one breed or pooled from several breeds.

Against that backdrop, Hart and colleagues launched their study, using a single hospital database. The study was designed to examine the effects of neutering on the risks of several diseases in the same breed, distinguishing between males and females and between early or late neutering and non-neutering.

The researchers chose to focus on the golden retriever because it is one of the most popular breeds in the U.S. and Europe and is vulnerable to various cancers and joint disorders. The breed also is favored for work as a service dog.

The research team reviewed the records of female and male golden retrievers, ranging in age from 1 to 8 years, that had been examined at UC Davis' William R. Pritchard Veterinary Medical Teaching Hospital for two joint disorders and three cancers: hip dysplasia, cranial cruciate ligament tear, lymphosarcoma, hemangiosarcoma and mast cell tumor. The dogs were classified as intact (not neutered), neutered early (before 12 months age), or neutered late (at or after 12 months age).

Joint disorders and cancers are of particular interest because neutering removes the male dog's testes and the female's ovaries, interrupting production of certain hormones that play key roles in important body processes such as closure of bone growth plates, and regulation of the estrous cycle in female dogs.

The study revealed that, for all five diseases analyzed, the disease rates were significantly higher in both males and females that were neutered either early or late compared with intact (non-neutered) dogs.

Specifically, early neutering was associated with an increase in the occurrence of hip dysplasia, cranial cruciate ligament tear and lymphosarcoma in males and of cranial cruciate ligament tear in females. Late neutering was associated with the subsequent occurrence of mast cell tumors and hemangiosarcoma in females.

In most areas, the findings of this study were consistent with earlier studies, suggesting similar increases in disease risks. The new study, however, was the first to specifically report an increased risk of late neutering for mast cell tumors and hemangiosarcoma.

Furthermore, the new study showed a surprising 100 percent increase, or doubling, of the incidence of hip dysplasia among early-neutered males. Earlier studies had reported a 17 percent increase among all neutered dogs compared to all non-neutered dogs, indicating the importance of the new study in making gender and age-of-neutering comparisons.

Other researchers on this UC Davis study were: Gretel Torres de la Riva, Thomas Farver and Lynette Hart, School of Veterinary Medicine; Anita Oberbauer, Department of Animal Science; Locksley Messam, Department of Public Health Sciences; and Neil Willits, Department of Statistics.

About UC Davis

UC Davis is a global community of individuals united to better humanity and our natural world while seeking solutions to some of our most pressing challenges. Located near the California state capital, UC Davis has more than 34,000 students, and the full-time equivalent of 4,100 faculty and other academics and 17,400 staff. The campus has an annual research budget of over \$750 million, a comprehensive health system and about two dozen specialized research centers. The university offers interdisciplinary graduate study and 99 undergraduate majors in four colleges and six professional schools. **Additional information:**

[Neutering health effects more severe for golden retrievers than Labradors](#)