# LIGHTING THE WAY

*The Official Newsletter of the Bearded Collie Foundation for Health*

*VOLUME II*
*ISSUE I*
*February, 2002*

## In This Issue



### Code of Ethics For Board of Directors
### The Bearded Collie Foundation for Health

The board of directors has established the following Code of Ethics which all directors will adhere to. In keeping with our purpose of improving health of the Bearded Collie by promoting research, education, and information dissemination from our Voluntary Open Health Registry, the Board of Directors will:

*Adhere to the policies and procedures established by the directors.
*Hold data obtained for the Voluntary Open Health Registry within BeaCon until published.
*Not become involved in complaints regarding breeder practices, irresponsibilities, or contract issues.
*Not promote one breeder or kennel over another, but will share information with all on health tests that are advisable.
*Not discuss health issues within a line or kennel outside the meetings of BeaCon.

Voted in as a policy, February 2000.

### Presidential Reflections

BeaCon welcomed two new directors in December 2001. They bring enthusiasm, desire/time to work, and interest in promoting Beardie health through the open health registry—Judy Howard of North Carolina and Mia Sedgewick of Australia. Time is among the most valuable of possessions and when volunteers give time to an organization, it is highly prized. With this issue we begin a new series — "Meet the Director", featuring an interview by Chris Walkowicz with Linda Aronson, DVM.

We conducted a survey to learn how purebred dog clubs develop open health registries (OHRs). The survey was sent to 138 health reps listed in Canine Health Foundation's Genetic Conference Roster. Response was excellent—65 (47%) returned surveys. 15 have and 22 are planning for OHRs; 4 use CHIC (none of these specified that the parent club required a completely open registry); the others aren't planning an OHR now, although some have made progress in health in other ways. 19 have health information on a Web page. In 1998 only 7 clubs had open health registries (AKC Gazette, 9/98, p 83).

Different stimulus exists for starting OHRs—to raise breeding quality, to reduce incidence of genetic disease by giving breeders public access to animals testing clear, to provide information about health issues or to track these long term, to record information on a specific health problem (e.g., progressive retinal atrophy or deafness), for open exchange of information.

The OHRs include 1 to many health problems. They are administered by the club/foundation (11, 73%), by GDC (2, 13%), by Univ vet (1, volunteer time), not specified (1). GDC open registries are disease based and available to all breeds. OHR information is disseminated primarily through some form of hard copy, often in parent club publications; 3 have on-line databases. Most OHRs have parent club support, either conceptually, financially, or both. Administrative costs exist but are primarily covered "free" with volunteer time and software. One individual estimated that it took 40-60 hrs/wk for program design and startup, less for data entry and maintenance. Survey results are available on BeaCon's Web page.

BeaCon's current focus is tracking multiple health problems long term; it administers its own OHR, reported first year results in a large book, and is supported by volunteer time and donations. When sufficient data are available, BeaCon will additionally focus on reduction of genetic disease through educational material for how to use the system and interpret the data.

This issue of "Lighting the Way" offers educational opportunities with articles on breeding strategies for the management of genetic disorders by Dr. Jerold Bell and the importance of proper taking and reading of hip X-rays, by Dr. Linda Aronson. Due to the many reported cases of fear of sound in the first OHR, we designed a survey on this topic to learn more. It is being mailed to OHR participants and there is a convenient pull out form herein. Please consider participating. Results will be tabulated anonymously.

**Elsa Sell, President, Bearded Collie Health Foundation**

*****************

## Breeding Strategies for the Management of Genetic Disorders

**Jerold S Bell, DVM**
**Tufts University School of Veterinary Medicine, N. Grafton, MA**

**As published in Nov 2001 AKC Gazette**
**Published by permission**

With each new generation of dogs, breeders ask, "How can I continue my line and improve it?" Aside from selecting for conformation, behavior and ability, breeders must consider how they are going to reduce the incidence of whichever genetic disorders are present in their breed. There are no answers that will fit every situation. There are, however, guidelines you can follow to preserve breeding lines and genetic diversity while reducing the risk of producing dogs that carry defective genes, or are affected with genetic defects.

### Autosomal Recessive Disorders

In the case of a simple autosomal recessive disorder (in other words, a disorder caused by a single, recessive gene that is not sex-linked) for which a test for carriers is available, the recommendation is to test your breeding-quality stock, and breed carriers to normal-testing dogs. The aim is to replace the carrier breeding-animal with a normal-testing offspring that equals or exceeds it in quality. You don't want to diminish breed diversity by eliminating quality dogs from the gene pool because they are carriers. As each breeder tests and replaces carrier dogs with normal-testing dogs, the problem for the breed as a whole diminishes. (See "The Effects of Genetic Testing: Constructive or Destructive?" in the "Healthy Dog" section of the June 2001 *AKC Gazette*.)

For some disorders there are tests known as linkage-based carrier tests, which can generate a small percentage of false positive and negative results. When using these tests to make breeding decisions, it's advisable to first determine whether the results correlate with the test results and the known genotypes of relatives.

When dealing with a simple autosomal recessive disorder for which no carrier test exists, breeders must assess whether each individual dog in their breeding program is at high risk of being a carrier. This requires knowledge of the carrier or affected status of close relatives in the pedigree. An open health registry that is supported by the parent club makes it easier for breeders to objectively assess these matters. By determining the average carrier-risk for the breeding population, breeders can select matings that have a projected risk which is lower than the breed average.

If breeding a dog that is at high risk of being a carrier, the best advice is to breed to a dog that has a low risk. This will significantly diminish the likelihood that affected dogs will be produced, and can reduce by up to half the risk that there will be carriers among the offspring. Using relative-risk assessment as a tool, breeders should replace higher-risk breeding dogs with lower-risk offspring that are equal to or better than their parents in quality. Relative-risk assessment allows for the continuation of lines that might otherwise be abandoned due to high carrier risk.

Breeding a dog only once and replacing it with an offspring allows breeders to improve their chances of moving away from defective genes and also limits the dissemination of defective genes. When dealing with disorders for which carriers cannot be identified, the number of offspring placed in breeding homes should be kept to a minimum.

### Autosomal Dominant Disorders

Autosomal dominant genetic disorders are usually easy to manage. Each affected dog has at least one affected parent, but it can be expected that half of the offspring of an affected dog will be free of the defective gene. With disorders that cause death or discomfort, the recommendation is to not breed affected dogs. To produce the next generation of a line, a normal full sibling of an affected dog can be used, or the parent that is normal can be used.

A problem with some autosomal dominant disorders is incomplete penetrance. In other words, some dogs with the defective gene may not show the disorder. Roughly half their offspring, however, may be affected. If a genetic test is available, this is not a problem. Otherwise, relative-risk assessment can identify which dogs are at risk of carrying incompletely penetrant dominant genes.

### Sex-Linked Disorders

For sex-linked (also known as x-linked) recessive defective genes for which carrier tests exist, breeders should follow the same "breed and replace" recommendations as are outlined above in the discussion of autosomal recessive disorders. If there is no test, the defective gene can be traced through the pedigree. If a male is affected, he would have received the defective gene from his carrier mother. All of his daughters will be carriers, but none of his sons. By using relative-risk assessment to breed him to a female that is at low risk of being a carrier, you can prevent affected offspring, and select a quality son for replacement.

There are rare instances in which a female is affected with a sex-linked disorder. In such cases, she would have received the defective gene from both parents; specifically, an affected father and a mother who is either a carrier or is affected herself. If an affected female is bred, all the sons will be affected, and all the daughters would be carriers, so affected females clearly should not be bred. A normal male that minimized with proper veterinary treatment and reduced exposure to the offending allergens. Treatment is for life.

Sex-linked dominant disorders are managed the same way as autosomal dominant disorders are. The difference is that affected males will *always* produce all affected daughters.

**Polygenic Disorders**

Polygenic disorders are those caused by more than one pair of genes. Most polygenic disorders have no tests for carriers, but they do have phenotypic tests that can identify affected dogs. (For a detailed discussion of polygenic disease management, see "Choosing Wisely" in the August 2000 *AKC Gazette*.)

With polygenic disorders, a number of genes must combine to cross a threshold and produce an affected dog. These are known as *liability genes*. In identifying a dog's liability for carrying defective genes for a polygenic disorder, the breadth of the pedigree (that is, consideration of all siblings of individuals in the pedigree) is more important than the depth of the pedigree (consideration only of parent-offspring relationships.) A clinically normal dog from a litter that had one or no individuals affected with hip dysplasia (which is a polygenic disorder) is expected to carry a lower amount of liability genes than a dog with a greater number of affected littermates. This is why it is important to screen both pet and breeding dogs from your litters for polygenic disorders. Information on the siblings of the parents of potential breeding dogs provides additional data on which to base your breeding decisions.

Genetic disorders without a known mode of inheritance should be managed in the same way as polygenic disorders. If there are multiple generations of normalcy in the breadth of the pedigree, then you can have some confidence that there is less risk that liability genes are being carried. If a dog is diagnosed with a genetic disorder, it can be replaced with a normal sibling or parent and bred to a mate whose risk of having liability genes is low. Replace the higher-risk parent with a lower-risk offspring that equals or exceeds it in other aspects, and repeat the process.

Genetic tests are extremely useful tools to help manage genetic disorders. Even when there is no test, or a known mode of inheritance, much can still be done to reduce the incidence of affected and carrier animals. The use of these guidelines can assist breeders in making objective breeding decisions for genetic-disease management, while continuing their breeding lines.

(This article was presented at the AKC Canine Health Foundation 2001 National Parent Club Health Conference, and appears in the "Healthy Dog" section of the November 2001 *AKC Gazette*.)

**********

## Getting It Done Right the First Time

**Linda Aronson, DVM, MA**

Hip dysplasia is generally described as a polygenic disease; meaning more than one gene is involved in its expression. Actually it might be more accurately described as a group of problems rather than a single entity. Hip dysplasia describes the laxity or looseness of the connection between the top of the leg – the femoral head – with the socket in the hip – the acetabulum. The femoral head and the acetabulum can be mismatched for size and/or shape, the acetabulum shallow or eroded at the lips so that there is insufficient bone to contain the ball at the top of the femur. The ligaments holding the two in place may also be too loose – this may be true in bitches with normal hips while they are under the hormonal influences of their heat cycles. Whatever the cause of hip dysplasia the outcome tends to be the same, the friction of the femur slipping out of place causes erosion of the joint, pain, stiffness and arthritis. Yet, not all hips are created equally, and the same radiographic signs may happen in a dog that is reluctant to move, or some of the best movers in a breed. As the dog ages however, he may be expected to succumb early to arthritic pain.

Hip dysplasia is not purely a genetic disease; other factors can influence the outcome of the laxity. In general, breeds of dogs with lean body mass have much tighter hips than those breeds with heavy muscling over the hips and legs. In the latter the muscle mass helps the bones to stay in good proximity and make it less likely that the dog will experience debilitating pain. Nutrition and activity can also influence the expression of problems. Puppies of large breeds that gain weight too rapidly and put too much stress on developing bones are far more prone to show symptoms of disease than those that grew more slowly and gradually build up muscle to support their joints.

While other factors can affect the expression of hip dysplasia they do not influence the underlying structure of the joints. To avoid passing on this often very debilitating disease it is better to breed dogs with healthy hip joint construction. **Better yet to breed those descended from many generations of healthy hips and with collateral relatives – littermates, aunts and uncles – with healthy hips.** Looking at the outside of the dog usually tells us little about the internal structure for that we need X-rays, and in order to compare one dog with another we need comparable views. We also need someone who knows what they are doing both to take the radiographs and to interpret them.

By far and away the most commonly used technique to examine hip structure is the hip extended view. This is taken with the dog on his back and the legs stretched out parallel with each other and the stifles (knees) rotated inwards. This isn't a normal position for a dog and not one he will willingly assume. While there are still vets who will expose themselves to excessive radiation while fiddling with awake dogs that struggle and squirm, you will probably get better quality X-rays if the dog is sedated. OFA reports that a true evaluation can only be made if the hip is relaxed, and dogs' hips can appear normal when they are awake, but luxate – the femur slips out of the acetabulum - when the dog is sedated and relaxed. OFA examines congruity and confluence of the hip joint and 9 specific aspects of the hip joint, looking not only at the conformation of the joint but also for signs of degenerative joint disease. They will also look for transitional vertebrae that can skew the hips out of true alignment.

Evaluation of the X-rays requires the highest quality of the plates. The contrast of the film has to allow the examiner to view the different materials, bone, cartilage and soft tissue, and to see the pattern of bands within the bone. The hips need to be parallel and the spine perpendicular, and aligned with the femurs. The plate needs to be clean without scratches and dirt. Sadly not all veterinarians are capable of taking such exemplary shots and I have seen some really awful plates in which it is difficult to get a clear look at the state of the hips. If such plates are submitted to one of the registries that evaluate hips they will generally be returned for reshooting. Unfortunately, many owners and vets will attempt to evaluate the hips based on such plates. While I have no idea how many owners have been told their dogs are dysplastic by vets unskilled in evaluation, or even by breeders or owners with no specialized knowledge, I know of several such cases, personally. Other times the plates themselves may be OK, but the information given to the owner is erroneous. Based on the opinion of these non-experts people often feel that submitting the plates and

paying the fee for evaluation by a registry is a waste of their money. Many times hips dismissed as dysplastic prove to be normal and vice versa. Suddenly hip dysplasia shows up with alarming frequency in a line in which hips were presumed normal on the basis of the opinion of a non-specialist. OFA will not give a definitive opinion on hip conformation until the dog is two years old. Hips evaluated with preliminary X-rays (before 2 years of age) correlate with final evaluation in 90% of cases. However, OFA does not feel sufficiently confident in these early evaluations to rule out later changes. In some cases even when the dog is evaluated after 2 years the results may still be equivocal. This can be the case with bitches in heat, dogs that are out of condition and in poor muscle mass, especially those that have been ill and confined to cages. It may also be that the dog is showing early signs of dysplasia that may become more evident within a few months. These dogs should not be bred until the true state of the hips has been determined.

OFA sends each X-ray to be evaluated by three different board certified radiologists. (Preliminary X-rays of dogs under two years of age go to a single radiologist.) The final ranking of the hips is determined by the consensus opinion of the three. If there is significant disagreement other experts will be called upon to arbitrate. These vets are specialists; they spend their lives looking for subtle nuances on radiographs. They know what normal hips look like for a particular breed and can compare those of the dog they are viewing with breed normals. If they have doubts they will let you know. If the plates suck they will have to be reshot. If you feel that for whatever reason your dog's X-rays were misread, and generally that would only be the case for bitches in season, dogs that had been cage bound or those that had been poorly radiographed the first time, you can resubmit with proof of identification of the particular dog. Be aware though that if the dog was rated "good" the first time and you expected an "excellent", if this time it comes back "fair" that will be the permanent rating for your dog. The "good" won't count.

One of the reasons that experts are needed to read the X-rays is because the assessment is to some extent subjective, rather like the judging of dogs. The weight given to a particular anomaly is based on their experience. Even so laxity is very hard to assess using the standard leg extended view used by OFA and most of the other hip registries worldwide. Really what they are assessing is the structure of femoral head and acetabulum and looking for early degenerative changes indicating mismatching of the two. Rotating the stifles in when extending the legs actually pushes the femur into the acetabulum.

PennHIP attempts to address this problem by comparing the hip extended view with a distraction view in which the passive hip laxity is accurately measured. Actually a third "compression" view is used to measure the depth of the acetabulum and how well it fits with the femoral head. The hip extended view is used to look for signs of degenerative joint disease caused by hip dysplasia. PennHIP radiographs can only be taken by veterinarians or technicians trained by PennHIP. All dogs have to be heavily sedated or anesthetized. However, the technique gives accurate readings in pups as early as 16 weeks, although better by 6 months. This enables breeders to evaluate future breeding stock at a much earlier age. Once 20 dogs from a breed have been assessed a comparison is made between the distraction index for a particular dog and the breed average. This varies between breeds, being lowest in the dogs with the tightest hips, typically the sight hounds, and highest in the well muscled breeds where greater laxity can be tolerated. With few Beardies having been assessed they can only be compared to similar breeds.

A final point, some registries assess each hip and give it a separate score. Unilateral hip dysplasia is quite common and the two hips are rarely identical, the side which is affected seems to be breed dependent with some showing left, others right and some, like Beardies, no preference.

Until every radiograph taken to determine if a dog is dysplastic is submitted to the registry we won't have a clear idea of the true prevalence of hip dysplasia within the breed. Certainly there is a tendency not to submit X-rays if the dog is definitely dysplastic, but it is not at all unusual that the person making the assessment is wrong, and dogs have been spayed and neutered that could have made valuable contributions to the breed. Modern breeds of dogs vary greatly in body size, shape and pelvic conformation; these factors must be taken into consideration when assessing hip structure and function. So do yourself and your breeding program a favor and go to a veterinarian who has a good reputation for taking accurate hip X-rays. Then submit them for the experts to decide. The more data you can gather on other related dogs, whether or not you plan to use them for breeding, the better you will be informed of the overall hip health within your line.

********

**Ask The Vet**
**Linda Aronson, DVM, MA**

**Q —** What are the symptoms for hypothyroidism (low thyroid)?

**A** — Traditionally the signs of hypothyroidism include lack of energy, poor hair coat, skin lesions, loss of hair from the sides of the body, darkening of the underlying skin, increased susceptibility to infection, lethargy, exercise intolerance, increased sleeping, mental depression, loss of mental function, heat seeking behavior, obesity and in intact animals reduced libido and infertility. There is an increased tendency to seizure. In the early stages of the disease the changes are very different, and include behavioral changes, not just the fearfulness of classical hypothyroidism, but various types of aggression, against both humans and other dogs or species, phobic behavior and obsessive compulsive behaviors, spinning, tail chasing, obsessive flank sucking and acral lick dermatitis etc. One of the most common presentations, especially in younger Beardies, could well be described as Attention deficit- hyperactivity disorder, and in one human study 2/3rds of people with ADD were found to actually be hypothyroid and need no further treatment than thyroid replacement. The Beardies tend to have trouble gaining weight, they don't learn, bounce off the wall and act like complete airheads. Some have obsessive fixations on one activity such as Frisbee, and some are antisocial. I can't count the number of times I have treated Beardies and other breeds like this and hear the comment, **"Thank you, my puppy is now how I'd imagined he should be."** Even more poignant are those who thought their dog was showing normal signs of aging. "**Thank you for giving me my dog back"**

——

The comprehensive article on this subject will be in the next BeaCon newsletter. Also, meet Dr. Linda Aronson in "In the Spotlight" on page 7 of this issue. Ed

**Crash, Bang – Whoops! Where's the Beardie?**
**Beardie Fear Questionnaire**

Please help us gain a better understanding about fear of noise, a commonly reported issue in the BeaCon Open Health Registry, year 1. Abnormal fear is defined in the Open Registry Form as: "repetitive, extreme, and abnormal fears to every day things, such as loud noises. The level of fear is excessive whenever generating stimuli are present."

When we are not expecting a particular sound and it occurs, we are startled. The same thing is true of dogs. When the response is exaggerated, it is classed as abnormal fear. This may interfere with the dog enjoying normal activities, and it can cause disruption in the household. In other words, it can be problematic for the owner. What is acceptable to one owner may seem extreme to another.

If you reported fear of sounds for your Beardie in BeaCon's Open Health Registry, this form has been mailed to you. Others are receiving this via BeaCon's Newsletter or accessing this form on-line. However, we are seeking the input regarding fear of noise on ALL dogs. So, even if your dog is not in the Open Health Registry, and even if the dog is NOT fearful of sounds, please consider participating. If your dog is not in the Open Health Registry, his/her data will not be added to the Registry unless you request and complete a separate registry form.

The information will be reported anonymously as general statistics or lists - for example, a list of techniques used to calm a fearful dog. No dogs' names and no owners' names will be included in reports.

**Eligibility:** Purebred Bearded Collie (meaning you have either the dog's pedigree or you know the registered name of the sire and dam).

Registered Name _____ (if none, call name _____)
Age of dog _____
# Beardies in your household? _____
Does your Beardie have excessive fear reaction to certain noises?
_____ Yes
_____ No (If no, please skip down to the section for your signature and address.)
_____ Sometimes

At what age did this become noticeable? _____

If an unusual incident occurred to precipitate the fearful reaction the first time, please describe: _____
_____
_____

What type of noise frightens your Beardie?
Thunder ____; Trucks/buses ____; Motorcycles ____; Gun shots ____; Vacuum cleaner ____; Lawn mower ____;
Other_____
_

Does the fear manifest itself whenever the object is seen or heard again? (i.e., a bus that backfired, lawn mower, smoke alarm) _____

How does your Beardie react to these sounds?
(e.g. panic barking, bolting in fear, panting, crying, urinating, defecating, hiding, shaking, trembling)
_____

How long does the fear last before he/she recovers to normal?
_____

What, if anything, can you do to alleviate the fear quickly? _____
_____
_____

Has your Beardie ever harmed himself/herself when reacting to loud sounds? _____
If yes, how? _____

Has your Beardie ever damaged property when reacting to loud sounds? _____
If yes, how? _____

Have you ever medicated your Beardie for the fear problem? _____

If so with what meds? _____

What was the response?
_____
_____

If you have you tried behavioral intervention, describe the qualifications of the person who guided your effort, the intervention, length of intervention, and response? _____
_____

Do you think the excessive fear reaction is learned behavior?
_____ Yes
_____ No

Why do you feel it is learned? _____
_____
_____

Do you know if your Beardie's relatives have a similar fear?
_____ Yes
_____ No
_____ Don't know

How did you first respond to your Beardie's fear? _____
_____
_____

Has your dog been tested for hypothyroidism with a complete thyroid panel? _____

If yes, results & treatment _____
_____
_____

Does your dog have any other medical problems requiring regular vet care and medication
_____

If yes, list disease & Treatment _____
_____
_____

If you need more space, use the back of a sheet or another sheet. Please return the questionnaire in the self-addressed, stamped envelope (for those in the registry and receiving the questionnaire directly from us) or send to: Scott Cook, 1788 Jamieson Road, Havana, FL 32333

**Deadline: March 2, 2002**

Your signature
_____

Your address
_____

e-mail address
_____

_____ Check here if you would like to receive a report of the survey. It will be posted on BeaCon's Web site.
_____ Check here if you're not already on BeaCon's newsletter mailing list and want to be put on.

**Thank you for your help and interest.**
**Board of Directors, The Bearded Collie Foundation for Health**

**In the Spotlight!-Meet the Director**
**By Chris Walkowicz**

**LINDA ARONSON, DVM, MA**
**Director**
**Bearded Collie Foundation for Health**

When asked how she supports her Beardie "habit," Linda responded, "I have a wonderful and understanding husband. I also have a veterinary practice working with animals (dogs, horses, cats and zoo animals) with behavioral problems.

Linda's medical qualifications are in both human and animal fields. She received her BA and MA in physiology from Oxford University. She also completed half the requirements for a Ph.D. at Cambridge University. Linda's DVM came from Tufts University School of Veterinary Medicine, where she also practiced behavioral veterinary medicine and was involved in behavioral research. While still on the Tufts faculty, she is presently in private practice and conducts behavioral research.

She has had dogs her entire life (including Border Collies and an Afghan Hound), with Beardies being number 1 for the last 14 years. The Fivefields Beardie population stands at four. Linda has participated in conformation, agility, herding and pet therapy with her dogs. Her 22 year old son and 17 year old daughter have competed in juniors and horse shows in dressage and two-phase. In Linda's limited time, she rides and trains horses. The family critter crew is made up of horses, a cat and an African Grey parrot, besides Beardies. These all cohabit peacefully, "although the parrot doesn't call Ghost since he mouthed his tail hurrying him back into his cage on one occasion." Her daughter, Sarah, aims to become a lawyer, specializing in human and animal rights issues, hoping to put an end to puppy mills. We all wish her success.

Linda is President of Minuteman BCC, having served in almost every other capacity for the club. She was also BCCA health chair and a committee member for a number of years. She also helps with rescue, vetting some, giving behavioral advice and general veterinary suggestions. Glenn Short and Linda have authored a handout for people rescuing Beardies, focusing on special needs rescues. It is available on request from Glenn.

Linda has given generously of her time and extensive knowledge to help owners who contact her through the Internet, desperately searching for answers, for both physical and behavioral problems. Many of us have sought out her expertise in searching for suggestions. She is on both BDL and BCL and invites Beardie owners to contact her for health information, preferably by e-mail (petshrink1@aol.com). Lab results may be faxed to her at 617-862-6772.

She joined BeaCon at its formation in 1998, and continues as a Director. Linda states the reason she joined BeaCon: "I was frustrated that fear of lawsuits stopped the national club from being proactive about health issues. Beardies are basically a healthy breed and as their guardians it behooves us to keep them that way. I didn't feel BCCA was supportive of this goal. They told Elsa Sell to stop her longitudinal follow-up of dogs that had participated in the 1996 survey, and ordered her to turn over all the materials held in confidence by Elsa to the board. Instead she returned them to the submitters at her own expense. Anything less would have violated the owners' trust placed in her. When she invited me to help her form BeaCon I was happy to do what I could."

Linda writes about behavior and other issues, both for the popular and academic presses. She was pleased to be asked to judge the herding group by St. Hubert's KC at their match, but it was the same day as BOB at the BCCA specialty, so she declined. She says, "Some day I'd really like to judge.... I love the mechanics and anatomy behind movement. What a privilege to be able to go over so many dogs!"

When owners breed for conformation wins only, Linda fears we can lose the "quintessential essence of the Beardie." She sees a loss of good shoulder structure and feels that some of these dogs couldn't function in their role as herding dogs.

Asked about the importance of an Open Registry, Linda responded, "With the registry, we will be able to separate truth from fiction. If breeders are unhappy because it looks like their dog is producing a lot of "Y," they can take the time to contact the owners of all the healthy pups they have bred and get them to participate, so we get a true indication of the incidence of a disease within a particular line and within the breed as a whole. It will point out the direction we need to go in to fund future research to find gene markers for diseases that are showing up in Beardies. The registry will also give the conscientious breeder a lot of information about the direction their particular breeding program is going and suggest areas that are strong and others that need work.

"Overall, though, the registry will show us where we stand as a breed in terms of health, and the oddball case that is not supported by other affected animals within the line can be given less weight as an anomaly. I suppose it might be ideal if the registry could be operated by people without a personal interest in the breed, but given the amount of effort and time the whole board has put into this project, it would have cost a fortune to pay people without that interest and dedication.

"Most of our Beardies go into pet homes and as the majority of show Beardies are also pets, their health is of utmost importance. Dogs have become true family members. It is devastating for someone to have their puppy get sick; it's far worse if that sickness is something that could have been avoided if the breeder had the knowledge or the tests available to do so.

"Without an Open Registry, I doubt we could as readily identify health issues that are of primary importance to the breed, and rate them in terms of frequency of occurrence, weighed against severity of impact on quality of life for both the Beardie and its family. With this knowledge, we can move forward to fund research to give us accurate tests for those most severe illnesses."

"The other wonderful thing the open registry will do is provide truth where at present we only have rumor. As people find their fears about it allayed, they will want to participate... Only if we are all honest and share what we have -- both the good and the bad -- will we get a true picture of the problems of health and behavior that exist in our breed."

********

***"Leadership is about capturing the imagination and enthusiasm of your people with clearly defined goals that cut through the fog like a beacon in the night.***
***——Author Unknown——***

## Odds and Ends

**Donations**

**Contributions to BeaCon and the open health registry should be mailed to:**

Chris Walkowicz
1396 265th Street
Sherrard , IL 61281-8553.

Donors of up to $100 receive a logo pin
For $100-199 you receive a sterling silver angel pin
For $200 and up you receive a 14K gold angel pin
The pins can be viewed on the BeaCon Web site.

---

**Open health registry forms can be obtained by contacting any of the Board of Directors or on the BeaCon web site.**

---

**Addison Tape from the National Specialty**

The videotape of Dr. Oberbauer's seminar on the Addison's update can be obtained from Elsa Sell for $10. There are only a few left. Contact her at:

beardiebeacon@earthlink.net

---

**Contributions to BeaCon's directed donor fund with AKC CHF**

Checks should be made out to AKC CHF and be accompanied by a letter requesting that the money be deposited in BeaCon's directed donor fund. Send to: Erika Werne, 251 West Garfield Road, Suite 160, Aurora, OH 44202

---

**Location to order DNA kits**
**The URL is:**
**http://cgap.ucdavis.edu**

## The BeaCon Board of Directors


**Elsa Sell - beardiebeacon@earthlink.net**
**Sharon Dunsmore - Kincurran@sympatico.ca**
**Chris Walkowicz - walkoway@revealed.net**
**Scott Cook - k9luvr@peoplepc.com**
**Kathy Coxwell - Hattieboo@aol.com**
**Gordon Fitzgerald - grfitz@bellsouth.net**
**Cheryl Poliak - cpoliak@hotmail.com**
**Linda Aronson - PetShrink1@aol.com**
**Karen Drummond - beardie-mom@worldnet.att.net**
**Mia Sedgwick - lochmoor@myisp.net.au**
**Judy Howard - beardiebunch@cabarrus.com**


---

**Any member of the Board of Directors may be contacted at these addresses for any questions you might have. Please contact the Board if you have any ideas or wish to participate in any of BeaCon's ongoing projects.**

---

**Future editions of the BeaCon newsletter will be available free to anyone interested in the Health of Bearded Collies. Please contact the editor if you wish to receive any future editions of the newsletter by e-mail, didn't receive the first edition, want to have another person added to the mailing list or want to be removed from the mailing list.**


**GR Fitzgerald**
**142 Glenhill Drive**
**Houma, La 70363**
**Or**
**grfitz@bellsouth.net**


---

**Visit BeaCon on the web at-www.beaconforhealth.org**

***"Integrity is a choice. It is consistently choosing the purity of truth over popularity."***
***——Author Unknown——***

# *MacLean and Company*


***"You're right. She does cut them close, but you can't bleed to death through a toenail !"***

# Open Registry Booklet(s) Order Form

The Bearded Collie Foundation for Health Open Health Registry Booklet can now be ordered by completing this form and sending it to Elsa Sell. Booklets will be printed after sufficient orders are received. Prices include book rate mailing and insurance. For Non-USA orders, please contact Elsa Sell regarding mailing costs BEFORE filling in and mailing the form.

Elsa Sell
262 Liberty Road
Milner, GA 30257

Registry Participants: ____ booklet(s) at $31.33 = $_____.____

Non-registry Participants: ____ booklets at $35.33 = $_____.____

I would also like to donate to BeaCon. = $_____.____

Add $4.12 for priority mailing and insurance per booklet = $_____.____

Total enclosed = $_____.____

Make check, money order or cashier's check payable to BeaCon. US dollars only Please.

Name and address where Open Health Registry Booklet(s) is to be mailed:

_____

_____

_____

**Prizes! Prizes! Prizes! E-mail Subscriber Drawing Prizes! Prizes! Prizes!**

If you are willing to receive the BeaCon newsletter by e-mail in the future, please contact us by e-mail or fill out the coupon below. Opting to receive the newsletter electronically will enter you in our prize drawing, which is open only to those who are on the e-mail list. The drawing will be held one month before each newsletter mailing — as long as you receive your "Lighting the Way" by e-mail, you will be entered into each drawing. Receiving the newsletter in this way also will allow BeaCon to use the funds saved for health related concerns.
Thank You.

Yes I would like to receive the BeaCon newsletter "Lighting the Way" by e-mail. And please enter me into the drawing.

My e-mail address is: _____@_____

Mail this coupon to: Elsa Sell
262 Liberty Road
Milner, GA 30257

Or e-mail your e-mail address and acceptance to:
**beardiebeacon@earthlink.net**

You will be entered into the next e-mail recipient drawing and will be notified by e-mail if you win.

**Lighting the Way**
**The BeaCon Newsletter**
**142 Glenhill Drive**
**Houma, La 70363**