# An appraisal of the Innate Health Assessment Tool

## On behalf of the Union of Good Dog People

## Executive Summary

This evaluation considers if the Innate Health Assessment (IHA) will meet the stated aims of eliminating the suffering caused by conformational issues and promoting good innate health. We examined the concepts and definitions that underpin the IHA, the design and testing of the tool and its practical effectiveness.

The concept of innate health is dogs should be functionally capable of carrying out normal activities. As the IHA relies on appearance to assume functionality, without testing actual capability, it cannot be considered a test of actual innate health.

The IHA doesn't provide any definition for "typical activities necessary for the wellbeing" of dogs. Nor does it attempt to quantify what the "anatomical, physiological and behavioural norms" are. Including these requirements and leaving the definition vague, without quantified boundaries, means the threshold at which a feature can be considered 'extreme,' is likely to be assumptive and less scientifically measurable. Innate health must therefore be considered to be a concept rather than a scientific benchmark with defined objectives. As such, the number of conformations considered to be extreme can be increased and minimum thresholds for features can be extended, until breed diversity is eliminated.

The research supporting the IHA focussed on diagnosed disorders associated with extreme conformations, but there was limited evidence that clinically healthy dogs with extreme conformations were suffering or had a reduced quality of life. The IHA claim that individual dogs with any of the exaggerated conformations are inherently suffering, can't be substantiated and should not be used as a basis for legislative application.

The IHA doesn't reveal how the ten extreme conformations were selected and it seems likely there was no objective evaluation to identify the most common and serious issues. There is no indication how the cited research was assessed or used in the selection process. The selection of the ten criteria for the IHA appears inconsistent and lacks transparency, based on research into the prevalence and severity of disorders in the UK dog population,

The cited evidence supporting the IHA includes a significant number of sources that have no direct relevance to the claims made in the IHA, or the extreme conformations. At least four of the ten criteria had minimal or no evidence to categorise them as extreme conformations and some conformations with an apparently stronger evidence base for inclusion, have been omitted. Methodology, developed by VetCompass researchers for evaluating welfare impact, has seemingly not been utilised to select the conformations for the IHA. This weakens the credibility of the IHA as a scientifically robust and evidence based tool.

There is no evidence to show the IHA's visual selection strategy will be effective at improving population level innate health. There is no sound justification for mandating its use if the results

cannot be reliably predicted. For the three conformations where the IHA indicates a minimum acceptance threshold, the evidence either indicates additional parameters are required, or there is no evidence to justify the threshold measurement will improve welfare.

The IHA's strategy of simple visual assessment was chosen for user experience rather than as a proven method for reducing health risks. As a tool for selecting dogs for breeding, it will only be effective if visual appearance can be used to predict the likely outcome of disease risk in the next generation and the evidence shows this isn't possible. It also encourages the simplification of breeding and buying dogs.

There's no evidence this strategy will be effective and it could lead to large numbers of dogs that are physically and genetically sound being needlessly removed from the breeding population. It may also pass dogs carrying potentially problematic genotypes as fit for breeding. While the IHA doesn't overtly ban breeds, the outcome is likely to be catastrophic for many breeds with 'extreme conformation.' In some cases, no dogs of the breed will pass the IHA criteria – effectively banning the breed. In others, the genepool will be so significantly reduced as to make the continued existence of the breed unsustainable.

Although scientific evidence strongly indicates that breed is an important risk factor in the prevalence and severity of many disorders, the IHA disregards the relevance of breed and considers all dogs with 'extreme conformations' to be equally impacted.

The IHA two pilot studies haven't been published, but the limited information available suggests that they were small and poorly designed, with no evidence of breeder involvement to evaluate the tool in real world scenarios. Research indicates there is likely to be significant variation in the assessment outcomes for dogs that are borderline for the criteria

The intended enforcement and appeals process has not been outlined and there are obvious and known practical difficulties with categorising borderline dogs through physical measuring.

The IHA is likely to have a significant economic impact on many licensed breeders and may drive the market to unlicensed breeders, as well as potentially increasing the desirability of dogs with extreme conformation, if they are regarded as time or availability limited.

**To conclude:**

The IHA uses visual assessment to assume functionality, without actually performance testing individuals. As such, it can't be considered as an assessment of 'innate health'.

Innate health is a concept rather than a scientific benchmark with defined objectives. This means the number of conformations considered to be extreme can be increased and minimum thresholds can be extended, until breed diversity is reduced or eliminated.

The decision to use a visual assessment process to select or exclude dogs from the breeding population, has been based upon practicality and simplicity. It is not supported by evidence and doesn't guarantee welfare improvements.

While an amended version of the IHA could be a useful preliminary filter, to instigate further actions, the current version can't be considered as a scientifically sound primary tool for passing or failing dogs as fit for breeding. Its deployment as part of the dog breeding licensing process cannot therefore be justified.

**If unchallenged, the IHA will be a mechanism for the gradual elimination of dog breed diversity. If extreme conformations are not identified through transparent, scientific evaluation, additional features can be added without evidential basis. The crude**

**strategy of failing dogs based solely on appearance will not allow for considered, holistic breeding strategies and will instead leave many breeds with unsustainably small genepools, or will prevent further breeding entirely.**

## Position statement/belief

"*There are a significant number of animals bred that can never experience a life worth living because they have been born with physical problems and pain from the very start. This is known as extreme conformation. APGAW believes we must tackle this issue and consequently we have developed the IHA tool*." https://apgaw.org/innate-health/

"*We believe that no animal should have a life of suffering just so they look "cute" or meet whatever humans have decided is the current fashionable body shape, colour or type*" https://www.innatehealthassessment.org/

### Stated aims

"*The IHA aims to solve the top conformation issues impacting on dog welfare. The model primarily assists breeders and local authority inspectors to make decisions on licensing for dog breeding by assessing whether dogs submitted as potential breeding animals meet the requirements of Schedule 6 (6)(5) of the LAIA Regs*." https://apgaw.org/innate-health/

*"To provide the blueprint for healthy breeding and eliminate the suffering caused to animals from poor breeding practices*." https://www.innatehealthassessment.org/

### Definitions

"*No dog may be kept for breeding if it can reasonably be expected, on the basis of its genotype, phenotype or state of health, that breeding from it could have a detrimental effect on its health or welfare or the health or welfare of its offspring*." The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 6.5

*"**Extreme conformation** describes abnormal body shapes that inhibit natural body functions and lead to suffering from frustration or disease*." https://www.innatehealthassessment.org/our-journey

"***Extreme conformation** is defined as a physical appearance that has been so significantly altered by humankind away from the ancestral natural canine appearance that affected animals commonly suffer from poor health and welfare, with negative impacts on their quality and quantity of life*" (ICECDogs 2025). (The Science behind the IHA)

*"An animal with good **innate health** should be able to carry out all the typical activities necessary for their wellbeing within the anatomical, physiological and behavioural norms for that species."* *https://www.innatehealthassessment.org/fags*

***"The list of 10 innate health criteria represents key extreme conformations that can severely impact the health and welfare of affected dogs and their puppies, and for which there is strong evidence and agreement that these should no longer be acceptable characteristics in dogs kept for breeding."*** https://www.innatehealthassessment.org/iha

## Part 1. Background: The IHA aims, focus and key definitions

### 1.1 Introduction

1.1.1 The Innate Health Assessment (IHA) launched in November 2025 to widespread acclaim from a spectrum of organisations. However, concerns were immediately raised by many in the dog breeding community about the effectiveness of the tool, the inclusion of some of the criteria, the lack of apparent consultation or testing by breeders and the underpinning science.

1.1.2 This evaluation considers if the IHA will meet the stated aims of eliminating the suffering caused by conformational issues and promoting good innate health.

For this purpose, this evaluation examines:

- How the IHA tool aligns with promoting good innate health
- The evidence underpinning the IHA
- The selection of the 10 criteria
- The IHA testing process
- The practical effectiveness of the IHA

### 1.2 Does the IHA align with the concept of promoting good innate health?

*"An animal with good **innate health** should be able to carry out all the typical activities necessary for their wellbeing within the anatomical, physiological and behavioural norms for that species."* https://www.innatehealthassessment.org/faqs

1.2.1 The concept of innate health is **functional capability** – essentially, the animal should be able to live a good quality of life.

1.2.2 The IHA is predicated on a belief that a dog's visual appearance directly correlates to its ability to function normally and with one exception, the tool evaluates dogs based only on visual features. It doesn't actually test for performance measurements, in line with the concept of innate health.

1.2.3 The IHA can only be considered as an effective test of innate health if visual appearance can reliably predict that an individual's functionality will be inhibited.

1.2.4 The definition of 'innate health' describes functionality, but the IHA provides no specific indication of which "typical activities" are considered "necessary for the wellbeing" of dogs. It also doesn't provide any scientifically based parameters for assessing normal anatomy, physiology and behaviour for the domestic dog. As such, 'innate health' is a subjective concept rather than a measurable benchmark.

### 1.3 When does conformation become 'extreme'?

*"**Extreme conformation** describes abnormal body shapes that inhibit natural body functions and lead to suffering from frustration or disease*." https://www.innatehealthassessment.org/our-journey

1.3.1 'Extreme conformation' is a concept which claims to identify a point at which the physical structure of the dog impedes its ability to function within 'normal parameters'.

1.3.2 For this concept to be substantiated, there should be evidence for thresholds where natural body functions can be considered to be so inhibited that suffering is inevitable. This can be indicated where there is either a high risk or actual diagnosis of clinical disorder.

1.3.3 In the absence of diagnosed or risk of disease, 'suffering from frustration' is based on an assumption of the need for comparable experience and physical parity. For example, if a dog has short legs, it doesn't have the same life experience as a dog with long legs and this must therefore have a negative welfare impact, regardless of whether there is any clinically diagnosed disorder.

1.3.4 Domestic dogs in no way share a comparable existence with their wild forebears. They don't live in packs, or hunt. It is difficult therefore to scientifically define a threshold where 'inhibitions of natural body functions lead to suffering from frustration'.

1.3.5 Conclusion: The concept of innate health is functional capability, but the IHA doesn't measure the dog's ability to function. The concept of extreme conformation is based on consequential suffering from disease, but also 'frustration'. While the diagnosis of disease can be an indicator of reduced quality of life and suffering, the assumption of suffering frustration due to inhibited natural functions, is far more subjective.

**1.4 Use of the term 'suffering':**

"*We believe that no animal should have a life of suffering just so that they look "cute" or meet whatever humans have decided is the current fashionable body shape, colour or type.*"

"*To provide the blueprint for healthy breeding and eliminate the suffering caused to animals from poor breeding practices."* https://www.innatehealthassessment.org/

*"It is hoped that using the interactive IHA tool will help breeders and owners of stud dogs make the right decisions in terms of the dogs they decide to breed from and that, as a result, the number of dogs born who go on to suffer from poor health and welfare due to having extreme physical characteristics will be significantly reduced and the lives of generations of future dogs will be vastly improved."* https://www.innatehealthassessment.org/dog-breeders

*"Extreme conformation describes abnormal body shapes that inhibit natural body functions and lead to suffering from frustration or disease."* The science behind the IHA.

1.4.1 The IHA is based on the precept that dogs with 'extreme conformation' have a reduced quality of life and consequently are suffering. The context in which the term 'suffering' is used on the website and the binary nature of the test, implicitly implies that dogs with one or more of the extreme conformation criteria are suffering and this is absolute, rather than a potential risk.

1.4.2 The use of the term 'suffering' is deliberate and stems from the Animal Welfare Act 2006. Section 62 (General Interpretation) defines suffering as physical or mental suffering. However, a more precise definition isn't provided, leaving it open to contextual interpretation whether actual suffering has occurred.

1.4.3 A Freedom of Information request to the All-party Parliamentary Dog Advisory Welfare Group (APDAWG) asked for:

*"The evidential basis for the claim of "consequent suffering", including: -Whether suffering was assessed through diagnosed clinical disease, welfare assessment outcomes, increased risk*

*metrics, or inferred impact - Whether the claim relates to current suffering, lifetime risk, or potential future welfare compromise."*

In his response Dr Dan O'Neill states:

"*This term is well established in peer-reviewed scientific literature as a collective term that infers an unpleasant state of mind. An animal is regarded as suffering when it experiences unpleasant feelings or negative affective states. Suffering can be considered in two states: as being within legally acceptable criteria or as crossing into areas of being legally unnecessary but both are forms of suffering."*

1.4.4 The use of the term 'suffering' with a view to legislative application, suggests suffering arising from each of the ten criteria has already been proven, beyond reasonable doubt. This implies that 'suffering' arising from these conformations can be clearly evidenced and is a highly likely or certain outcome. The descriptions of suffering in the IHA mention "frustration and disease" and "poor health and welfare". While suffering can reasonably be assumed by indications of pain and/or clinical disease, the IHA claims that mental suffering is also justification for eliminating extreme conformations. Identification of mental suffering is far more subjective.

*"While the level of exaggeration of the dog's conformation will vary from dog to dog and many affected dogs may still be able to live a good life, even for these dogs there will still be some loss of ability to enjoy living a full canine life that could have been avoided if these dogs had been bred to have a more moderate conformation."*

*https://www.innatehealthassessment.org/news-updates-blog/Blog%20Post%20Title%20One-3zaa9-zlxng-8zplt*

1.4.5 The supportive evidence gives no basis for considering differences in experience as frustration or suffering.

1.4.6 Conclusion: The IHA premise is that all dogs with extreme conformations are suffering from frustration or disease, yet there are no legally defined parameters for assessing suffering in animals. Suffering as a result of clinical disease may be measured and quantifiable in terms of duration, severity, prevalence etc. However, suffering as a result of frustration, or reduced functionality, is a far more subjective determination. The IHA inference that dogs with any of the exaggerated conformations are inherently suffering, therefore can't be substantiated. A preferable alteration would be to change the language to indicate that physical suffering is a risk resulting from extreme conformations. References to possible or certain mental suffering arising from extreme conformations, should be removed.

## Part 2. Identification and selection of the criteria

"*10 criteria were selected for the APGAW IHA that aimed to capture the most common and serious extreme conformations in dogs today*."

https://www.innatehealthassessment.org/our-journey

### 2.1 Evaluation of the evidence presented to support the IHA

2.1.1 Twenty five possible extreme conformation features were initially considered. The evidence for inclusion of the conformations is generally based upon associated disease risk. E.g. poor eyelid conformation is a risk factor for corneal ulceration.

2.1.2 To date, vital information hasn't been made available regarding which other extreme conformations were originally identified and how the final ten criteria were selected. Transparency of the identification and selection process to determine the "most common and serious conformations" is crucial to the integrity of the IHA.

2.1.3 Given the enormous amount of data available through the VetCompass programme, it is reasonable to expect that clear, comparative evidence should be available to support the selection of the initial 25 and final 10 criteria.

2.1.4 Brachycephaly is widely acknowledged internationally as a high priority welfare concern and chondrodysplasia is also well recognised as a potential conformation risk. However, inclusion of some other criteria, especially merle, has caused significant controversy and is not supported by the accompanying evidence as being either a serious or common welfare risk.

2.1.5 Of the 40 cited reference sources in the 'Science behind the IHA', 18 (45%) were found to be not directly relevant to the conformational feature.

2.1.6 The supportive evidence gives some indication of disorder prevalence at population, type and breed level. However, there is little to no comparative evaluation of the welfare impact for the disorders associated with the selected extreme conformations.

2.1.7 There is an indication that the selection of the final 10 criteria appears to have been done based on user response, as much as welfare impact (see testing). If true, this also significantly undermines the IHA's credibility as a welfare centric tool.

2.1.8 Conclusion: The process by which the final ten criteria were selected hasn't been disclosed and there are indications that selection may have been based on factors other than severity of welfare impact. Without transparency or contextual evidence for the selection process, the criteria appear to have been cherry picked, based on subjective or anecdotal evaluation. The evidence provided either doesn't support some of the criteria as being a significant welfare concern, or indicates selection bias. This severely weakens the credibility of the IHA as a scientifically developed tool. It also raises concerns that if it is not targeting the ten most common and serious extreme conformations, the tool will not be as effective at improving canine welfare.

**2.2 Evaluation of wider evidence**

2.2.1 Two key studies, drawn from data gathered between September 1 2009 to March 31 2013 [1] and again for a single year (2016) [2] indicate recent prevalence of common disorders in the UK dog population.

2.2.2 The earlier study (published 2014) found the top ten disorders (ranked by prevalence) were: ear infection, oral disease, anal sac impaction, overgrown nails, degenerative joint disease, diarrhoea, obesity, traumatic injury, conjunctivitis and vomiting.

2.2.3 The top ten disorders ranked by prevalence in the second study (2016 data) were: oral disease, ear infection, obesity, overgrown nails, anal sac impaction, diarrhoea, vomiting, lameness, osteoarthritis and aggression. Corneal ulceration was the most common disorder linked to the IHA extreme conformation criteria in 2016 and ranked 42 in the list of disorders. Dermatitis (unspecified) was ranked at 46. Spinal pain (undiagnosed) ranked at 73. (Differences between the results were suggested to be due to methodology differences, rather than a significant change in prevalence over this timeframe.)

2.2.4 At population level, disorders significantly associated with the IHA extreme conformations were not ranked among the most commonly diagnosed conditions.

2.2.5 A further study [3] also drawn from the 2016 data sample, identified 18.74% dogs as brachycephalic. Breeds identified as brachycephalic included Pug, French Bulldog and British Bulldog, but also Chihuahua, Shih Tzu and Lhasa Apso. The most prevalent disorders in the brachycephalic group reflected the wider population: oral disease, ear infection, obesity, anal sac impaction and diarrhoea. Heart murmur was the seventh most commonly diagnosed condition for brachycephalic dogs, but ranked twelfth in the whole population. Corneal ulceration had a 0.77% prevalence in the whole population, but had a 2.40% prevalence in the brachycephalic group.

2.2.6 A later demographic study based on VetCompass data collected during 2019 [4] subdivided population demographics into additional groupings, including dachshund, spaniel or poodle types, coat length and ear carriage as well as skull shape and dwarfism. It is not specified why these particular characteristics were chosen, but may indicate researcher bias. 17.59% of dogs were identified as brachycephalic, based on known breed characteristics.

2.2.7 A significant conformational correlation was identified for ear infections (otitis externa) in a study based on the 2016 VetCompass data.[5] The study states this disorder can carry a high welfare impact and it was the second ranked disorder from this dataset. Almost half the population demographic in the 2019 demographic study had either v-shaped drop or pendulous ears – identified as a risk factor for otitis externa, yet ear carriage is not included in the IHA extreme conformations.

2.2.8 VetCompass based research [6] examined eight disorders with a high population frequency and breed related association. Data were drawn from the 2013 cohort. Impact was based on duration and severity (based on frequency of vet visits, treatment etc.) This was added to prevalence to calculate the **VetCompass Welfare Impact Score.** Dental disorders, osteoarthritis and obesity had highest overall VetCompass Welfare Impact scores. Ear infections were ranked 5th of the eight disorders considered. This Welfare Impact Assessment could be used to evaluate the disorders associated with the selected criteria to demonstrate welfare risk and should be used as part of the selection process. That it appears not to have been, considerably erodes confidence that the selected conformations may not be those in most need of attention.

2.2.9 An examination of wider research on tails could be used to argue limited support for some impact on locomotion and communication, but the studies are far from conclusive that lack of a tail is even a minor welfare concern, far less that it causes suffering. (See Appendix B)

2.2.10 The IHA overwhelmingly relies on veterinary evidence of welfare impact, but this may result in distorted conclusions. To be reflective of the most serious and common extreme conformations impacting welfare overall, evidence should be drawn from additional sources, for example rescue organisations, groomers and behaviourists.

2.2.11 Conclusion: Research indicates that the most common disorders in the UK dog population are not represented by the disorders associated with the ten extreme conformations included in the IHA. Although VetCompass researchers developed a tool for assessing and comparing welfare impact, this was seemingly not utilised during the process of selecting the criteria for the IHA.

## 2.3 Evaluation of evidence supplied in response to the FOI request

2.3.1 To support the claim of consequential suffering associated with extreme conformation, 85 sources of evidence were supplied. Some of these papers were also referenced to support the individual criteria, but not all the references cited to support the individual criteria were included in this list. 36 of the 85 evidence sources (42%) were found to have no reference to 'conformational suffering'. It is unclear what the rationale was to include these, other than as 'padding'.

2.3.2 Of the remaining 49 evidence sources, 37 (76%) were found to indicate some degree of disorder linked to conformation or directly referenced conformation as a risk factor. 9 (18%) were either indicative of welfare issues linked to conformation not included in the IHA criteria, were more generalised, or were inconclusive regarding the link between conformation and a clinical disorder. One source was a report with a proposal but no associated evidence for the conclusion.

2.3.3 While the research indicates that there are clear welfare concerns linked to brachycephaly, it doesn't show that these issues are impacting a large proportion of dogs classed as brachycephalic.

2.3.4 Considerable research (18 out of 49) was focussed on or referenced 'the main three' brachycephalic breeds: French Bulldogs, English Bulldogs and Pugs. Of these, the evidence for the most significantly compromised welfare appears to be strongest for the French Bulldog – although this may be due to the frequency of selection of this breed for study.

2.3.5 Of the total 85 cited references, 22 were breed specific.

2.3.6 Conclusion: The evidence doesn't provide clear comparisons of severity and scale of conformation related suffering. No information has been supplied to show how the presented evidence has been assessed, in terms of identifying conformations that present the greatest risk to canine welfare.

**2.4 Cited research evaluation for individual 'extreme conformation' features:**

2.4.1 **Merle:** Associated disorder: congenital unilateral or bi lateral deafness; blindness. The cited studies showed the majority of merle dogs have no hearing or sight issues. The risk of deafness is higher in homozygous merles. The evidence doesn't give any indication of high prevalence of welfare impact in the UK canine population and doesn't support the inclusion of this feature in the IHA.

2.4.2 **Skin folds:** Associated disorder: skin fold dermatitis. Prevalence of 0.37% (1 in 300 dogs) in the general canine population. Although the condition is not one of the 70 most prevalent disorders identified from a later data cohort, the research supports that brachycephalic breeds are at a higher risk of skin fold dermatitis, While brachycephalic breeds were 4.5% more at risk than dogs with medium length skulls, the second most commonly diagnosed breed were Cocker Spaniels, which also had the fifth highest breed prevalence of skin fold dermatitis (1.34%). Bulldogs were the most commonly diagnosed breed and had a breed prevalence of 6.05%. Prevalence and severity associated with a visible conformation feature, supports the inclusion of excessive skin folds as an extreme conformation. However, the ten breeds with the highest prevalence of skin fold dermatitis includes two which would generally pass the IHA (Cocker Spaniels and West Highland White Terriers) suggesting this condition is not exclusive to the conformation features highlighted.

2.4.3 **Brachycephaly:** (craniofacial ratio) Multiple associated disorders, including BOAS, skin fold dermatitis, IVDD and corneal ulceration. Linked to: skin folds and bulging eyes. Undoubtedly, has a generally negative welfare impact, which is strongly evidenced. This

feature is supported as consistent with being an extreme conformation, in terms of prevalence and significant impact. There is strong correlation with the feature and welfare risk.

2.4.4 **Eyelids:** Associated disorders: entropion and ectropion. Prevalence overall: 0.37% (comparative to skin fold dermatitis) with entropion by far the most common. The research does support the inclusion of this feature (considered a fault) as an identified welfare risk. Although poor eyelid conformation may be generally unusual, even in high risk breeds, the welfare consequences for affected dogs are substantial. Prevalence and severity indicate this feature merits inclusion as a conformation risk.

2.4.5 **Bulging eyes:** Associated disorders: corneal ulcerative disease and dry eye syndrome. The feature is intrinsically linked to brachycephaly, but muzzle length doesn't correlate directly with eyelid aperture. Corneal ulceration has a population prevalence of 0.80% and ranked 42 in the most common disorders. However there are additional risk factors associated with this condition. Bulging eyes are a risk factor for corneal ulceration, but there is no evidence to indicate the prevalence of the disorder in breeds with bulging eyes. There is less evidence to support the inclusion of this feature, but in context with brachycephaly, it can be considered as a conformational risk.

2.4.6 **Jaw morphology:** Associated disorders: oral trauma, chronic pain, dental disease and difficulty eating. The cited evidence doesn't give any indication that undershot or overshot jaws are associated with the stated welfare risk. While very extreme examples may be impacted and it is referenced anecdotally as a problem in wider evidence, breed associated malocclusion is not identified as a clinical concern in scientific evidence. There is no evidence to support the inclusion of this conformation in the IHA.

2.4.7 **Tails:** Associated disorders: spinal disease and reduction in litter size. Additional rationale: "tail wagging for communication". The IHA claims that the loss of the canine tail has been selected from a 'wide range' of genetic mutations, when the research only demonstrates two distinct genetic mutations are responsible for the reduction or absence of a tail and have different impact outcomes.

> 2.4.7.1 The C189G T-Box transcription factor mutation (natural bobtail) causes the loss of caudal vertebrae. Although it is embryonically lethal in in homozygous embryos, this is a weak argument for inclusion of the feature on welfare grounds. No other disorders are associated with this mutation.
>
> 2.4.7.2 The DVL2 mutation is associated with brachycephalic features, of which 'screw tail' is one outcome. While this is also linked to vertebral malformations, the evidence indicates these are generally clinically benign, although may be a risk factor for IVDD. While the prevalence of this feature may be reasonably common (there is no categorisation for this feature in the VetCompass demographic research), it is not indicated as a major health concern.

The inclusion of this feature is also rationalised from an 'experience' perspective. However the evidence doesn't support this is a valid claim. The wide variety of tail morphology in domestic dogs could also be arguably considered as 'extreme conformations', as this may also impact on intra-species communication.

None of the cited evidence indicates a conclusive negative welfare impact for dogs without tails. The research also fails to support tail wagging as having any other functions aside from communication.

2.4.8 **Bowed legs:** Associated disorder: Angular front limb deformity – pain and lameness. Only one of the cited evidence sources was directly relevant to the conformation. The research doesn't indicate prevalence of the feature but does support that there is associated negative welfare harm, although there's no direct indication of prevalence. While this may not be a particularly common feature, the evidence indicates it can be associated with negative welfare. This can be considered an extreme conformation, but is a lower welfare priority than brachycephaly, eyelid disorders and skin folds. There is no evidence to support the inclusion of hind limbs.

2.4.9 **Ground clearance:** Associated disorder: Chondrodystrophy and IVDD. The cited research doesn't support the inclusion of this feature as presented (ground clearance). While two of the studies found body length to height ratio as a potential risk factor for IVDD, there was no evidence to support ground clearance alone as a high risk conformation.

2.4.10 **Spine flexibility:** Associated disorders: None. This is an anomalous inclusion as it is not a conformation feature, but is the only test of functionality. However there is no supportive evidence to support spine flexibility as a welfare risk or conversely as a measure of innate health. The 'test' is an arbitrary test with no supporting scientific validity.

2.4.11 Conclusion: Of the ten identified extreme conformations, only five have evidential support for inclusion in the IHA. Merle, jaw morphology, tail length and spinal flexibility have minimal or no evidential basis for being included as a welfare risk. Body length to height ratio could potentially replace ground clearance as the sixth criteria. Of these six features, three can be categorised as 'brachycephalic', although skin folds and bulging eyes do merit individual inclusion. Bowed legs are strongly associated with chondrodystrophic morphology, although also merit individual inclusion. Eyelid disorders are generally associated with skin folds, but should be considered as a distinct criteria.

## Part 3. Where to draw the line

*"The good news for breeders and owners is that many of these dog breeds currently associated with having extreme conformation traits do not need to change much to no longer be considered as having extreme conformation. These breeds can be moved towards more moderate conformation by breeding for e.g. a longer muzzle, longer legs, longer tails, etc as appropriate."*

https://apgaw.org/2026/02/25/breed-data-on-extreme-conformation/

### 3.1 Determination of threshold

3.1.1 This statement ignores that for six of the criteria the pass or fail is absolute. For three of these (e.g. the complete absence of skin folds, merle pattern, undershot or level bite) the aim is not a slight or subtle change, it is the complete eradication of the feature from the canine population.

3.1.2 Only three of the criteria will pass or fail based on whether the dog has 'enough', rather than a more straightforward 'yes/no' determination. APGAW's assertion that breeds 'do not need to change much' is therefore misleading.

### 3.2 Evidence for Brachycephaly (craniofacial ratio) threshold for passing or failing

3.2.1 Packer et al (2015), [7] working from a sample of 700 dogs from 94 breeds, found BOAS only occurred in dogs with muzzles less than half the cranial length and the risk of BOAS increased in a non linear manner as the muzzle length decreased. Over 80% of dogs with a muzzle less than one tenth of the cranial length, were affected. The authors stated that reducing the risk of BOAS to 50% would mean ceasing to breed from any dogs with a

craniofacial ratio (CFR) of 0.2, which supports the ratio of 1/3 as a cut off. However the authors make the point this would effectively ban some breeds where few, if any individuals are above this threshold.

3.2.2 A further study, Lin et al (2017) [8] focussed on French Bulldogs, Pugs and English Bulldogs, with an overall sample of 604 dogs. The findings appear to contradict the previous study, finding only a weak association with CFR and BOAS in a single breed.

3.2.3 This study did not support the findings of Packer et al (2015) and there was only a weak association with CFR and BOAS in a single breed. The researchers found large differences in the detailed conformation between brachycephalic breeds and suggest the true associations between CFR and BOAS for specific breeds may not be as strong as the previous study indicated. The study found that stenotic nostrils may be a more reliable predictor of BOAS risk and more accurately assessed by owners.

3.2.4 The Functional Dog Collaborative discussed the apparent contradictions between these two studies:

https://functionalbreeding.org/comment-on-boas/

Packer examined the BOAS risk across a range of breeds. Lin only looked at BOAS risk within breeds, where there was already very little morphological variation. Using raw data from Packer, the author found that while there was a strong correlation overall between CFR and nostril size, this was less apparent with a CFR of between 0.1 and 0.2. The article warns against comparing findings based on different sampling demographics.

3.2.5 In a further, very recent study, Tomlinson et al 2026 [9] examines BOAS risk in 14 other brachycephalic breeds, from a sample of 898 dogs. The findings from this research indicate that visual assessments (brachycephaly index, body condition and nostril stenosis) as predictors of BOAS are broadly associated with BOAS. However, it concluded that a breed specific approach was indicated, to reduce BOAS at population level.

3.2.6 Conclusion: The welfare impact of brachycephaly has been well studied, but the findings of key studies do not unanimously suggest that the threshold of muzzle one third the length of the cranium, will result in a significant reduction in BOAS. However, there is a consensus that a longer muzzle will generally reduce the risk. Other points to consider are the poor assessor consistency and the role that stenotic nostrils play in BOAS.

BOAS is just one of the disorders associated with brachycephaly. The evidence doesn't conclusively support a muzzle to cranium ratio of one third as a 'cut off' for improved welfare, but there is sufficient justification to argue for longer muzzles.

The complete elimination of all dogs with a lower CFR from breeding populations, is not supported. The concern for accurate measuring in borderline breeds and the indication from Tomlinson that breed has a significant contribution to the BOAS risk, suggest a more refined, breed specific approach is preferable.

In summary, a CFR of one third is supported by evidence as a useful 'risk' indicator for BOAS (but not for other disorders associated with brachycephaly). Additional filters for other risk factors –stenotic nostrils and breed – would be more effective and proportional to reduce welfare risk, particularly of BOAS. Eliminating all dogs from the breeding population, with a CFR lower than one third is therefore not supported by the submitted evidence – or additional research.

As the one third is not a definitive minimum measurement, it's possible that in time, the requirement will shift to a CFR of one half.

### 3.3 Evidence for Tails threshold for passing or failing

3.3.1 Only one of the cited evidence sources, a discussion text on research into aspects of dog behaviour, [10] contained any reference to tail length. This source cited several studies which indicated tail position and length are used in canine commination, but only one appears to indicate compromised communication may arise due to short or curled tails. While this text discusses dog behaviour and communication, it doesn't support that 'tail wagging' is specifically critical as a behaviour, or that tail wagging has functions other than communication. It doesn't support that reduction in tail length seriously or significantly compromises canine behaviour, or that there is an 'ideal' tail length.

3.3.2 The research indicates that while dogs use their tails for intra and inter species communication, it doesn't support that a wagging tail is an essential element. It also doesn't support that the absence or reduction of a tail significantly compromises a dog's ability to effectively interact. As the wolf (Canis lupus) doesn't wag its tail in the same way as a dog, the 'wagging' tail is hypothesised as a feature arising as part of the domestication process. This suggests the behaviour is not a primary component of canine communication, as it isn't seen in the 'wild type'. None of the cited research evidenced a negative welfare impact for dogs without tails.

3.3.3 Conclusion: The cited evidence doesn't support the inclusion of shortened tails as an extreme conformation feature for either clinical or behavioural reasons.

Additionally, none of the five cited evidence sources - or a search of wider research – supports the case for a minimum tail length measurement. This is therefore an arbitrary target, rather than one with any evidence basis.

3.3.4 Additional comment: It's worth mentioning that the wide variety of tail morphology in domestic dogs could also be arguably considered as 'extreme conformations', as this could also impact on intra-species communication. Additionally, the divergence in other domestic dog features (coat, ears, eyes, gait etc) could equally be regarded as language barriers, potentially to a greater extent. However, these features are not currently included in the IHA criteria and it is likely that the evidence for inclusion on this basis is insubstantial.

### 3.5 Evidence for Ground clearance threshold for passing or failing

3.5.1 Four references were provided to support this criteria. Of the two 'measurement based' studies, neither supports the minimum 'one third" ratio, although they indicate that a body length to height ratio might be a helpful visual assessment to identify dogs with a higher risk of disc disease. It hasn't been possible to find evidential support for the IHA measurement in wider research, either to indicate a reduction in the risk of IVDD or to support a better quality of life in terms of improved mobility.

3.5.2 Conclusion: Without obvious evidence to the contrary, the 'one third' ground clearance ratio appears to be an arbitrary threshold, which will not obviously reduce the risk of IVDD or improve quality of life.

## Part 4: Judging a book by its cover

In an article published on 18th March 2026, APGAW addressed some of the common concerns about the IHA.

*"The IHA was purposely made to be simple and straightforward to use with a binary black and white approach.* ***Making it too nuanced and complex becomes too tricky to apply on a mainstream basis and confuses the public.*** *Beneath the IHA is decades of clinical evidence and complex analysis."*

https://apgaw.org/2026/03/18/facts-on-the-iha-breeding-tool/

### 4.1 Evaluating the evidence to support the IHA as a visual assessment

4.1.1 The IHA can only be considered as an effective tool for selecting dogs for breeding, if visual appearance can be used to predict the likely outcome of disease risk in the next generation. This means the genotype needs to be clearly identified by phenotype. I.e. it must be possible to clearly identify the visual characteristics associated with the risk of the disorder(s) and there must be no ambiguity with similar characteristics that have no associated risk.

4.1.2 The following table illustrates that for all of the ten IHA criteria, visual appearance - the phenotype - cannot conclusively indicate a genotype or predict the genetic outcome.

| Feature | Visually identifiable | Genetic cause known | Genetic Outcome | Inheritance | Predictable visual outcome | Related to brachycephaly |
|---|---|---|---|---|---|---|
| Merle | No | Yes | Predictable | Autosomal, incompletely dominant | No | No |
| Skin folds | Yes | No | Unpredictable | - | No | Sometimes |
| Brachycephaly (CFR) | Yes | Multigenetic | Unpredictable | - | No | Yes |
| Eyelid Disorders | Yes | No | Unpredictable | - | No | Yes to a degree |
| Bulging eyes | Yes | No | Unpredictable | - | No | Yes |
| Jaw morphology | Yes | No – various | Unpredictable | Unknown - may be autosomal recessive in non brachycephalic breeds | No | Sometimes |
| Tail Length: Bobtail Screwtail | No | Two different: **NBT:** T-box mutation **Screwtail:** DVL2 deletion | Predictable | **NBT:** Autosomal dominant **Screwtail:** autosomal recessive with incomplete penetrance | No | Only screwtail – including mildly brachycephalic breeds |
| Bowed legs | Yes | No | Unpredictable | **-** | No | No |
| Ground clearance – chondrodysplasia (CDPA) phenotype and chondrodystropia (CDDY) | Yes – to a point. Visually impossible to determine IVDD risk, also variable expression | Two different: **Chondrodystrophy** (CDDY) with risk of IVDD: FGF4-12 retrogene **Chondrodysplasia** (CDPA) Dwarfism only: FGF4-18 retrogene | Predictable | **CDDY –FGF4-12** Dominant **CDPA – FGF4-18** Dominant | No | No |
| Spine flexibility | | No – variable factors | No | _ | - | Possibly |

4.1.3 Identifying a feature visually, where the mode of inheritance has multiple genetic causes or the genotype is variably expressed; will lead to ‘false fails’. Dogs exhibiting a particular visual trait will be removed from the breeding population needlessly. E.g. Chondrodysplastic breeds and Natural Bobtail (NBT).

4.1.4 It will also lead to ‘false passes’. Dogs appearing not to have the feature visually, but genetically ‘affected’. E.g. Merle, NBT, screwtail, IVDD.

4.1.5 The action taken to selectively breed away from these traits should be proportional to the odds of a dog with these features developing conditions such as skin fold dermatitis, corneal ulcers, BOAS etc. For example, eyelid conformation grading may be more proportional than eliminating every dog with ectropion to any degree. Assessing for nostril stenosis, BOAS grading and CFR, as well as DNA testing would be more effective than assessing dogs visually based on CFR alone.

4.1.6 Eliminating all dogs exhibiting any sign of these traits would probably reduce the prevalence of these traits in subsequent generations, but the cost to breeds is disproportionate to the risk posed. E.g. not all brachycephalic dogs with similar craniofacial ratios will have the same risk of BOAS.

4.1.7 For traits where there is a clear mode of inheritance, genetic testing is far more effective than visual assessment at avoiding welfare risk: Merle, NBT, screwtail, CCDY. None of these genotypes can be reliably distinguished on visual assessment alone.

4.1.8 For spinal diseases, genetic testing, where possible, would be the only effective prevention, as many are not linked to specific conformation traits.

4.1.9 In some cases, visual assessment causes ambiguity. For example, the wrinkles and curled tail on a Basenji may be deemed as a fail by some assessors.

4.1.10 The IHA provides no supporting evidence to show that selecting breeding dogs based on a simple visual evaluation, is an effective strategy for improving functional health or reducing the risk of developing disorders in subsequent generations. This means the results cannot be reliably predicted and deploying this tool for widespread and potentially mandatory use is therefore not scientifically justified.

4.1.11 Visual assessment was deemed to be an appropriate evaluation method based on simplicity of application and understanding. These are not solid arguments for proposing an effective mechanism for welfare improvements. **Additionally, this approach of 'dumbing down' breeding and breed selection encourages breeders and buyers towards less, not more effort and is a dangerous message to perpetuate.**

4.1.12 Conclusion: The IHA uses the same strategy which contributed to the issues it's trying to solve. This is not the most effective method of improving conformation linked welfare issues, where phenotype doesn't necessarily correspond to genotype. There's also no evidence to show that this policy will give reliable outcomes. Eliminating dogs from the breeding population based only on a visual assessment, where the mode of inheritance is either unknown or multigenetic, will not necessarily eliminate the feature – or reduce its expression, in subsequent populations. E.g. Brachycephaly, eyelid conformation, skin folds, bowed legs. At best, the improvements will be less successful than would have been the case with genetic testing. At worst, the strategy will needlessly remove healthy dogs from the genepool and will permit genetically unhealthy dogs to continue breeding. Relying on visual assessment as a benchmark to remove or include dogs in the breeding genepool significantly reduces the effectiveness of potential welfare improvements and may actually lead to negative welfare outcomes.

## Part 5: The importance of considering breeds

### 5.1 Breeds as genetically distinct populations

5.1.1 The IHA deliberately takes breed entirely out of the equation, treating the canine population as one, but it is crucial to bring the discussion back to breed level because each breed is genetically a distinct population and must be considered separately. The lack of a tail on a French Bulldog and a Boston terrier is caused by a completely different genetic mutation than which causes the lack of a tail in Australian Shepherd and Polish Lowland Sheepdogs. Brachycephalic Bulldogs and Pugs maybe more prone to conformation related issues than Affenpinschers and Tibetan Spaniels.

5.1.2 At least 8 of the 40 cited evidence sources indicated there were breed specific differences in disorder outcome among breeds with similar phenotypes. This supports that having the same conformational feature, doesn't result in the same impact or risk in different breeds. In other words, the risk posed by a conformational feature will often vary significantly between breeds. It is therefore not possible to regard dogs with shared morphology as having an equally compromised welfare risk, regardless of breed.

5.1.3 Much of the research provides evidence that while there are clear links between conformation and some disorders (e.g. BOAS and skin fold dermatitis) there is an even greater correlation between breed and prevalence, than just common conformation. E.g. Breeds that have similar skull morphology like French Bulldogs and Boston Terriers, do not have the same odds of being affected with BOAS. Conversely, breeds with divergent conformation may still be significantly at risk of developing the same disorder, e.g. IVDD in Dachshunds, French Bulldogs and Cocker Spaniels.

5.1.4 Specific epidemiological studies using VetCompass data found oral disease, obesity, anal sac impaction, overgrown nails and osteoarthritis indicated breed, rather than conformational predisposition, supporting the case for breed specific rather than generalised conformation based intervention.

5.1.5 The first large study into common disorders in the UK dog population (O'Neill et al 2014) concluded that "breeding reforms should target commonly diagnosed complex disorders that are amenable to genetic improvement on a breed-by-breed basis for the greatest population impact." This directly contradicts the IHA methodology.

5.1.6 Conclusion: The IHA deliberately doesn't target specific breeds, but in taking this approach it ignores scientific evidence which indicates breed specific predispositions for disorders are at least as important as conformational predispositions.

### 5.2 Broad spectrum

5.2.1 The IHA doesn't explicitly 'ban breeds' but potentially, this makes it even more of a concern, as it's about banning certain features instead – which results in a broad spectrum condemnation of all dogs and breeds with the feature – regardless of any supportive research to indicate comparable issues actually exist.

5.2.2 Approximately 42% of the breeds potentially impacted by the IHA appear to have **no significant health issues that are directly attributable to their conformation**, in a good example of the breed. For these breeds, the link to poor health as a consequence of poor conformation, is tenuous at best. (Appendix C)

5.2.3 Conclusion: By disregarding the importance of breed as a risk factor, the IHA risks needlessly impacting breeds for which there is little or no evidence that welfare is significantly compromised by conformation.

## Part 6. Design of the IHA as a practical tool

### 6.1 Transparency of testing phase

"*Pilot testing showed promising levels of consistency and usability. In particular, the second pilot involved 18 assessors scoring 17 dogs using the final 10-criterion version of the IHA tool. The results showed a clear association between the number of 'fails' per dog and the degree*

*of extreme conformation by breed. For example, English Bulldogs failed an average of 5.9 out of 10 criteria (59%), while breeds such as the Jack Russell Terrier recorded no fails. This suggests strong utility of the tool in reliably identifying dogs with and without extreme conformation*."

*"Although the two IHA pilots carried out by APGAW suggest the tool delivers relatively consistent assessments, we expect that basic training will be needed to support LA inspectors in applying the check consistently and adequately by breeders."*

Frontier Economics Report (page 10)

"*APGAW has piloted the IHA successfully twice with the use of* ***local authority inspectors, veterinary surgeons and lay people.*** *The results have indicated the simple workability of the tool* ***and that it can be used by breeders*** *and potentially by members of the public who may be considering purchasing a puppy."*
https://apgaw.org/innate-health/

6.1.1 The IHA testing process should be fully transparent, but information on the two pilots has not been published.

6.1.2 The IHA has been strongly promoted as a tool founded on substantial scientific evidence. The majority of the evidence sources referenced to support the ten criteria are published research and these all include information on the design of the study, including the selection of the sample subjects, the methods used and a discussion on the results and conclusions. That the IHA hasn't published the testing process behind the design of the tool is surprising at least and reduces confidence that the IHA has been robustly trailed.

**6.2 Design of the second pilot**

6.2.1 The information revealed in the Frontier Economics Report indicates the second pilot was very small scale (18 assessors scoring 17 dogs). Presumably the same 17 dogs were used to check assessor consistency.

**6.3 Selection of dogs for the pilot**

6.3.1 The results have been judged as successfully showing inter assessor consistency, because a breed with obvious extreme confirmation failed consistently, while a breed with no obvious extreme conformations passed consistently. Using dogs at either end of the spectrum doesn't suggest a robust testing process, when many breeds are more borderline.

6.3.2 It is unknown whether the dogs selected for the test were selected randomly or pre-selected based on their predictability to pass or fail. i.e. 9 Bulldogs and 9 Jack Russells.

6.3.3 It is unknown whether the dogs assessed and failed during the pilot were clinically unhealthy (i.e had been diagnosed with one or more conformation related disorders).

6.3.4 Both pilot studies were undertaken at rescue centres using dogs that will presumably not be considered for breeding. It is also highly likely that the dogs were not good examples of the breeds concerned. It's also unknown whether any crossbreeds were involved.

**6.4 Experience, knowledge and potential bias of assessors**

6.4.1 The participants were local authority inspectors (experience level unknown), Veterinary Surgeons (high level of experience and knowledge) and 'lay people' (experience unknown, bias unknown. These could be people with no knowledge of dogs in any capacity or those with significant background knowledge e.g. kennel assistants etc.)

6.4.2 There is no indication how the assessors were selected or what if any guidance they were given in using the tool. i.e. were they 'trained' in any way? With vets and rescue kennel staff, there may be a significant bias against certain types of dog based on past experience. (treating sick dogs, having sick rescue dogs).

**6.5 Interpretation of the results**

6.5.1 The limited information on the results of the pilot, appear to suggest 'consistency' was based upon the number of fails per dog, rather than whether the individual dog was consistently assessed as passing or failing overall.

6.5.2 It's not clear if the figure given (average 5.9/10) indicates that there was a degree of inconsistency in assessors passing or failing specific criteria, or that dogs of a specific breed didn't universally fail on the same criteria.

6.5.3 While the testing appears to be regarded as successful based on consistency of number of fails per dog, it doesn't give any indication whether these passes/fails were assessed for accuracy of agreement with the developers (i.e. were the results predicted – did the assessor group make the same judgements as the developers expected them to?)

6.5.4 It appears the second pilot was the only test involving the final ten criteria. This implies the results from the first pilot may have helped determine which characteristics were included in the IHA, meaning inter assessor consistency was part of the selection process. If true, this is further confirmation **the ten characteristics selected for the IHA, are not those with the greatest negative welfare impact, but rather have been chosen for other reasons.** The inclusion of merle would support this because it is a more visually obvious pass or fail than coat type, for example.

**6.6 Breeder involvement**

6.6.1 APGAW states that the tool has simple workability and can be used by breeders, but there appears to have been no testing with breeders using the tool to assess their own dogs. I.e. The performance of the IHA has not been tested in the circumstances it was designed to be used in.

6.6.2 Despite claims that breeders were involved in the development of the IHA, no evidence has been provided to support this, including the number of breeders consulted, the breeds represented or the point in the development of the tool when breeder involvement took place.

6.6.3 The absence of any apparent breeder consultation during the development process, or the reluctance of the IHA team to reveal when and how this took place, raises additional concerns that the IHA hasn't been developed with the support and involvement of those intended to use it.

6.6.4 Conclusions: The minimal information that has been divulged about the two pilot tests does not suggest that the IHA has been robustly tested in 'real life' scenarios. Limited trials using rescue dogs that were likely to have been specifically selected, are insufficient to evaluate the effectiveness of the tool in assessing a wide variety of breeding dogs. There is no indication of any breeder involvement in the testing phase.

**6.7 The Union of Good Dog People breed survey**

6.7.1 To test the applied consistency of the IHA for breeds that are not 'obvious' pass or fails, the Union designed a survey which asked respondents in the Facebook group to evaluate 30 different breeds against the IHA criteria.

6.7.2 30 breeds were selected, with a fairly equal division between RKC groups: Hounds 4, Terriers 5, Working 4, Toy 4, Utility 4, Pastoral 5, Gundogs 4. 16 of the breeds selected were deemed to be 'ambiguous', where the pass or fail outcome may depend on breed, features, faults or assessor interpretation.

6.7.3 Based on the Union's assessment of breeds likely to be impacted by the IHA, 6 of the breeds in the survey should pass on all criteria and 8 would probably fail.

6.7.4 The survey launched 5 February 2026 and 183 responses were received at 24 March 2026.

6.7.5 Respondents were asked to decide, based on well bred, typical examples of each breed if:

- All dogs in this breed will score 10/10 pass
- All dogs in this bred will fail at least one of the 10 criteria
- Some dogs in this breed will fail for a breed feature (e.g. merle, natural bobtail)
- Some dogs in this breed may fail due to a breed fault (e.g. cow hocks, ectropion, entropion

6.7.6 Respondents were then asked to indicate which criteria they felt the breed would fail.

6.7.7 Out of 30 breeds, only one (Finnish Spitz) was deemed by the majority of respondents to score a 10/10 pass. For all the other breeds, respondents felt that some of the breed were likely to fail on at least one of the IHA criteria.

6.7.8 The criteria that the majority of respondents indicated as fails were generally predictable (e.g. ground clearance for Scottish Terriers). However, some respondents failed breeds for less obvious criteria.

6.7.9 Although respondents were not physically assessing each breed and were relying on personal knowledge, the image provided or other sources of research, the variation in the criteria identified as potential fails for each breed was surprising, given the likely 'above average' breed knowledge of most respondents.

6.7.10 While this survey may reflect some respondent bias and isn't a true test of the IHA in practice, based on these results, there is at least a strong possibility that the IHA will not return strong inter assessor consistency for breeds and dogs that are not 'obvious' passes or fails.

6.7.11 Conclusions: The risk of subjectivity and bias along with ambiguous criteria and 'borderline' dogs, means the IHA cannot be used with confidence as an assessment of 'extreme conformation.'

## Part 7: The IHA in use

### 7.1 Practical concerns

7.1.1 The test for adequate head length suggests using a ruler to measure a dog's head to check the proportions. Dogs are living organisms and accurately measuring dogs is extremely difficult. Liu et al (2017) was one of very few studies that involved the researchers taking measurements of dogs, in a similar process as suggested for the IHA. The study found poor inter assessor consistency among four trained assessors.

7.1.2 Breed specific legislation is a good example why visually assessing or measuring dogs can't be 'straightforward and easy to use'.

7.1.3 The IHA gives no indication what degree of tolerance will be accepted. This is crucial for dogs that are not clearly passes, nor obvious fails.

7.1.4 If a dog is borderline, there's no accurate way of measuring the proportions which means the outcome of the test will be inconsistent.

7.1.5 A presumption bias may lead to inaccurate outcomes on the test. For example, VetCompass research found Cocker Spaniels to be in the top five breeds suffering from skin fold dermatitis. Spaniels were also 2.5 times more likely than general crossbreeds to have conformational eyelid disorders. Yet spaniels generally appear to be innately healthy dogs, so may pass because they are expected to, whereas Chow Chows may fail because there is a presumption they are less healthy. Equally, a dog with short legs and a longer back may fail the ground clearance test, when a dog with the same leg length/height ratio may pass if it has a shorter back. (e.g. Dachshunds and Scottish Terriers).

7.1.6 Without clearly defined, measurable objectives for assessing normal anatomy, physiology and behaviour, the tool cannot be assessed for effectiveness. Changes in the numbers of dogs passing or failing the visual tests will not be sufficient evidence to evaluate if it is successfully delivering improvements in functional health at population level. There is also no defined target, meaning the acceptable thresholds may change over time.

### 7.2 The legal effectiveness of the IHA

"*Any commercial breeder who breeds from a dog who fails the IHA could be in breach of their licence*"
https://www.innatehealthassessment.org/faqs

"*Failure by a breeder to carry out the IHA or breeding from a dog who has failed to pass the IHA, could be taken into consideration by licensing officers when deciding whether or not to issue or renew a commerical breeding licence to a breeder and also whether to prosecute a breeder for breaching their licence conditions."*
https://www.innatehealthassessment.org/authorities

7.2.1 If the IHA is to be used as a legally sanctioned test on which to base licensing decisions and potentially as justification for prosecution, the process of adjudication must be clear.

7.2.2 Breeders should have the option of an independent, impartial adjudicator, where there is a difference of opinion on whether a dog should pass or fail. Local Authority Inspectors are indicated in this capacity, but there is no suggested pathway for escalation, if there is discrepancy in judgement.

7.2.3 Where decisions are being taken subjectively, there is no way to conclusively prove a 'wrong' decision has been made.

7.2.4 The IHA is based on the perception that each of the criteria has been included on the basis of confirmed association with suffering i.e. dogs with the extreme conformations inevitably have compromised welfare. For a successful prosecution, would dogs with exaggerated conformation features have to show evidence of actual suffering (i.e. clinical disease) or risk of predicted suffering for a successful prosecution?

7.2.5 The Local Authority appetite for prosecution will be based upon the probability of a successful outcome and public interest.

7.2.6 Conclusions: The IHA is ultimately intended to be used to ensure breeders do not breed from dogs that are deemed to be innately unhealthy, to protect the health of future generations. This will only be effective if compliance with the requirements is a probable outcome for the majority and if sanctions can be successfully imposed upon those who do not comply.

The IHA has already undertaken training of some Local Authority Inspectors but no information has been released whether any of these aspects have been covered, or even considered.

### 7.3 Licensed Breeders

7.3.1 Making the IHA statutory for licensed breeders will act as a licensing deterrent.

7.3.2 Licensed breeders will be significantly competitively disadvantaged against unlicensed breeders, who are not impacted by the IHA

7.3.3 Breeders outside the scope of licensing and illegal breeders may increase breeding to meet demand for the more extreme and unusual types of dog, especially if there is a limited opportunity to buy or such dogs are becoming 'rarer'.

7.3.4 Conclusion: The economic impact upon licensed breeders appears to have been overlooked and the possibility of the IHA increasing the desirability of dogs with 'extreme conformations' is a serious potential consequence.

## IHA Evaluation Overall Conclusions

The IHA doesn't measure the dog's ability to function, so it cannot be considered a test of actual innate health.

Innate health is a concept rather than a scientifically measurable benchmark. As there are no parameters for assessing when 'innate health' has been achieved, the success of the IHA can't be evaluated. Consequently, 'acceptable' thresholds may increase and additional criteria may be added, with the effect that the diversity in breeds will be erased over time in an ongoing quest for undefined 'innate health'.

The IHA inference that dogs with any of the exaggerated conformations are inherently suffering, can't be substantiated.

The lack of transparency and apparent bias in the selection process for the final ten extreme conformations, weakens the credibility of the IHA as a scientifically robust and evidence based tool.

There is minimal or no scientific evidence to support the inclusion of five of the ten 'extreme conformations'.

For the three conformations where the IHA indicates a minimum acceptance threshold, the evidence either indicates additional parameters are required, or there is no evidence to justify the threshold measurement will improve welfare.

Visually assessing dogs for suitability to breed, is an imprecise mechanism for improving the health of subsequent generations. Excluding or including dogs from breeding populations based primarily on appearance, could remove substantial numbers of clinically and genetically

sound individuals. It may also pass dogs carrying potentially problematic genotypes as fit for breeding.

Although scientific evidence strongly indicates that breed is an important risk factor consideration in the prevalence and severity of many disorders, the IHA disregards the relevance of breed and considers all dogs with ‘extreme conformations’ to be equally impacted.

Approximately 42% of breeds potentially impacted by the IHA have no significant health issues directly attributable to their conformation.

The IHA testing process hasn’t been disclosed, but the limited information available suggests that the pilots were small and poorly designed to evaluate the tool in real world scenarios.

The Union of Good Dog People survey suggests that the IHA will have low inter assessor consistency for dogs that don’t obviously pass or fail.

The lack of information pertaining to the selection and testing process of the IHA is concerning. A tool designed to be used as part of the licensing process should have a robust design and development process, which is open to scrutiny. The IHA has also made claims regarding the suffering of dogs with extreme conformation and the proportion of the population at risk. Yet neither of these claims have been supported by clear evaluations or calculations.

Additionally, the intended enforcement and appeals process has not been outlined.

The IHA is likely to have a significant economic impact on many licensed breeders and is likely to drive the market to unlicensed breeders, as well as potentially increasing the desirability of dogs with extreme conformation, if they are regarded as time or availability limited.

**Overall, the IHA cannot be considered as a scientifically sound or practically robust tool to improve canine welfare, in its current format. There’s no evidence to indicate the strategy will result in improved health in successive generations, therefore its deployment can’t be justified, especially on a mandatory basis. However, as a preliminary indicator to ensure breed specific action pathways are followed for ‘at risk’ conformations, it could work effectively and be welcomed by the breeding community as a positive application.**

## Appendices

### Appendix A: "Over a quarter of UK dogs are suffering from extreme conformation"

"*Over a quarter of the 12 million dogs in the UK have extreme conformation with consequent suffering*" (https://apdawg.co.uk/jan-2026-meeting)

This claim has been widely criticised in the dog breeding community. In February 2026, clarification of this statistic was uploaded to the IHA website: https://static1.squarespace.com/static/686bb8a2291314437d5eebad/t/69973b29c0d4af634e68f9c1/1771518761908/%27At+least+25%25+Extreme+Conformation%27+Statistic.pdf

This indicates the statistic was extrapolated from three sources: KC breed registration data for 2024, indicating 10.8% of puppies registered were Breed Watch Category 3 breeds. VetCompass demographic data for 2019, which identified 29.5% of dogs as meeting 3 of the IHA criteria (brachycephalic, dachshund type and congenitally short tailed). Dogs Trust demographic research also from 2019, which identified 22.5% of dogs as brachycephalic.

However, there are inconsistencies with these calculations and the IHA criteria. French Bulldogs were not classed as a category 3 breed in 2024. Limbs, movement and body condition are Breed Watch criteria not included in the IHA. More significantly, the VetCompass classification of brachycephaly and dachshund type differ from the specification in the IHA criteria. For example, the Boxer breed standard states the muzzle should be one third the total length of the head, which would pass the IHA muzzle length criteria, yet is classified as mild brachycephalic by the VetCompass classification. 'Dachshund type' is not defined but a study of the breeds identified as such indicates morphology which is both 'long and low' rather than simply low – as indicated by the IHA ground clearance criteria. The VetCompass population demographic metadata (available as open access) does not include any tail characteristic as an identified morphology.

### Appendix B: Additional research on tails

*Bennett, P. and Perini, E. (2003), Tail docking in dogs: a review of the issues. Australian Veterinary Journal, 81: 208-218*. https://doi.org/10.1111/j.1751-0813.2003.tb11473.x

This study concludes the argument for impaired locomotion is inconclusive and there is little evidence to support the claim that communication is hampered.

*Wada N, Hori H, Tokuriki M. Electromyographic and kinematic studies of tail movements in dogs during treadmill locomotion. J Morphol. 1993 Jul;217(1):105-13. doi: 10.1002/jmor.1052170109. PMID: 8411184.* https://pubmed.ncbi.nlm.nih.gov/8411184/

A very small study on seven dogs suggested tail movements were important for locomotion – but didn't make any comparative study of locomotion in tailless dogs.

*Leaver, S & Reimchen, Thomas. (2008). Behavioural responses of Canis familiaris to different tail lengths of a remotely-controlled life-size dog replica. Behaviour. 145.*

*10.1163/156853908783402894.*
https://www.researchgate.net/publication/228369424_Behavioural_responses_of_Canis_familiaris_to_different_tail_lengths_of_a_remotely-controlled_life-size_dog_replica

A well known observational study comparing dogs' reactions to a robotic dog with a different tail length and movements. Possibly the strongest study to support the IHA criteria, but at best it only indicates different reactions to tail morphology. There is no suggestion that the shorter or absent tail would significantly impact canine communication, especially as the robotic dog was unable to demonstrate any other communication cues which are equally crucial in dog behaviour.

*Long Tails Versus Short Tails and Canine Communication*

https://www.psychologytoday.com/gb/blog/canine-corner/201202/long-tails-versus-short-tails-and-canine-communication

In this article the author documents an observational experiment in an American park and concluded that dogs with shorter or absent tails were twice as likely to have an 'aggressive' encounter as dogs with longer tails. However, he concedes that other factors, including breed temperament, may influence the encounters.

**Appendix C: Breeds by Group that don't have prevalent health issues specifically associated with the EC criteria.**

Issues which occur in many other breeds.eg. hip dysplasia, luxating patella, Legg-Calvé-Perthes disease have been excluded as these are not explicitly isolated to the conformation, aside from being 'small' dogs.

Hounds: 3/12 breeds. 25%

Terriers: 6/10 breeds 60%

Toys: 0/9 breeds 0%

Utility: 2/10 breeds 20%

Working 1/8 breeds 13%

Pastoral 13/14 breeds 93%

Gundog: 3/4.breeds 75%

**Overall 28/67 (42%) of breeds impacted by the IHA have no significant prevalent health issues that are directly attributable to 'extreme conformation' features, in a good example of the breed**.

| **Toys 9** |
|---|
| Affenpinscher |
| Cavalier King Charles Spaniel |
| Chihuahua Long Coat |
| Chihuahua Smooth Coat |
| Griffon Bruxellois |
| Japanese Chin |

| |
|---|
| King Charles Spaniel |
| Pekingese |
| Pug |
| |
| **Hounds 12** |
| Basset Hound |
| Basset Bleu De Gascogne |
| *Basset Fauve De Bretagne* |
| *Basset Griffon Vendeen (Petite)* |
| *Basset Griffon Vendeen (Grande)* |
| Bloodhound |
| Dachshund (Long haired) |
| Dachshund (Smooth haired) |
| Dachshund (Wire haired) |
| Dachshund (Miniature Long haired) |
| Dachshund (Miniature Smooth haired) |
| Dachshund (Miniature Wire haired) |
| |
| **Terriers 10** |
| *Australian Terrier* |
| *Cesky Terrier* |
| Dandie Dinmont |
| Glen of Imaal Terrier |
| *Norfolk Terrier* |
| *Norwich Terrier* |
| *Scottish Terrier* |
| Sealyham |
| Skye Terrier |
| *West Highland White Terrier* |
| |
| **Working 8** |
| Boxer |
| Bullmastiff |
| Dogue De Bordeaux |
| *Great Dane* |
| Mastiff |
| Neapolitan Mastiff |
| Newfoundland |
| Saint Bernard |
| |
| **Pastoral 14** |
| *Australian Shepherd* |
| *Beauceron* |
| *Border Collie* |
| *Collie (Rough)* |
| *Collie (Smooth)* |

| |
|---|
| *Hungarian Mudi* |
| *Lancashire Heeler* |
| *Polish Lowland Sheepdog* |
| *Pyrenean Sheepdog (Long Haired)* |
| *Pyrenean Sheepdog (Smooth faced)* |
| *Shetland Sheepdog* |
| *Swedish Vallhund* |
| Welsh Corgi (Cardigan) |
| *Welsh Corgi (Pembroke)* |
| |
| **Utility 10** |
| Bulldog |
| Boston Terrier |
| Chow Chow |
| French Bulldog |
| Lhasa Apso |
| *Schipperke* |
| Shar Pei |
| Shih Tzu |
| *Tibetan Spaniel* |
| Tibetan Terrier |
| |
| **Gundogs 4** |
| *Brittany* |
| Spaniel (Clumber) |
| *Spaniel (Sussex)* |
| *Spanish Water Dog* |

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