

PMDC of GB GENERAL HEALTH SURVEY

Please fill out a separate form for each dog you are reporting on. Type if you can, otherwise please print or write very neatly. Your veterinarian may be willing to help you with some of the answers.

To provide additional forms, you may photocopy this form or write to the PMDC of GB survey co-ordinator (address on last page) for additional copies. Please enclose a stamped, addressed envelope to facilitate her reply.

NAME OF OWNER(S): _____ *

ADDRESS: _____ *

CITY: _____ COUNTY: _____ POSTCODE: _____ *

PHONE (DAY): _____ (EVENING): _____ *

THIS DOG'S BREEDER: _____ KENNEL NAME: _____ *

DOG'S REGISTERED NAME: _____ PET NAME: _____ *

*These fields are optional, they are there to enable us to match up update forms and is useful information for tracking potential inherited conditions. Also for the Health Co-ordinator to send out a secondary questionnaire if we need to investigate a particular condition further. This information is completely confidential and will only ever be used and seen by the Health Co-ordinator. Note, if you are submitting an anonymous survey we can only use them if they are for deceased dogs. This is to protect the validity of the statistics collected.

If you object to being contacted further? _____. Do you object to this information being held on computer? _____

Is this an update to an earlier form? ____ DATE OF THIS FORM _____ SEX _____ DATE OF BIRTH: _____

IS THIS DOG DEAD? (Y/N) _____ AGE AT DEATH _____ OR DATE OF DEATH _____

CAUSE OF DEATH: _____

WAS AN AUTOPSY PERFORMED TO DETERMINE CAUSE OF DEATH? (Y/N) _____

IF PUT TO SLEEP REASON FOR DOING SO: _____

HAS THIS DOG BEEN USED FOR BREEDING? (Y/N) _____ NUMBER OF LITTERS PRODUCED: _____

NEUTERED? (Y/N) _____ AGE DONE: _____ WHY DONE? _____

THIS DOG'S GENERAL HEALTH? Excellent [] Above Average [] Average [] Below Average [] Poor []

HAS THIS DOG BEEN X-RAYED FOR HIP DYSPLASIA? (Y/N) _____ AT AGE _____

SCORE: _____ : _____ = _____ If scored on the old BVA/KC system please still state the result.
(If scored on a different system to the current BVA/KC scheme, please state the country and the system.)

HAS THIS DOG BEEN X-RAYED FOR ELBOW DYSPLASIA? (Y/N) _____ AT AGE _____

SCORE: _____ : _____ = _____ If scored on a different scheme to current BVA/KC please state

For each of the following conditions put a mark by any that the dog has had and then give the age of the dog when the condition first occurred. Please specify any other condition your dog may of had.

SKELETAL:		Yes	Age	Yes	Age		
1)	Hip Dysplasia			4)	Patellar luxation		
2)	Osteochondritis dissecans (OCD)			5)	Arthritis		
3)	Panosteitis			6)	Other		

Have you ever had your dog's eyes examined by a specialist? (Y/N) _____ Under BVA/KC scheme? (Y/N) _____

EYES and EARS:		Yes	Age	Yes	Age		
1)	Entropion			5)	Other		
2)	Ectropion						
3)	Cataracts			EARS: a)	Deaf		
Reason e.g. congenital, traumatic, metabolic, toxic, nutritional, ocular diseases				b)	Hearing impaired		
4)	Persistent pupillary membrane			c)	Other		

SKIN:		Yes	Age	Yes	Age
1)	Chronic hot spots			5)	Persistent staph infection (pyoderma)
2)	Chronic ear infections			6)	Allergies
3)	Seborrhoea			Please specify	
4)	Demodectic mange			7)	Other

CANCER:		Yes	Age	Yes	Age
1)	Bone			4)	Lymphatic
Location				5)	Leukaemia
2)	Breast			6)	Head (Mouth, etc)
3)	Muscle			Location	
Location				7)	Other

BLOOD PROBLEMS:		Yes	Age	Yes	Age
1)	Anaemia			2)	Other

KIDNEY PROBLEMS:		Yes	Age	Yes	Age
1)	Cystitis (bladder infection)			3)	Stones
2)	Congenital kidney disease			4)	Other

HORMONE DEFICIENCIES:		Yes	Age	Yes	Age
1)	Diabetes			3)	Thyroid
2)	Pancreatitis			4)	Other

HEART PROBLEMS:		Yes	Age	Yes	Age
1)	Stenosis			4)	Cardio-myopathy
2)	Murmurs			5)	Patent Ductus Arteriosus
3)	Congestive Heart Failure			6)	Other

REPRODUCTIVE PROBLEMS:		Yes	Age	Yes	Age
FEMALES:					
1)	Irregular heats			7)	Pyometra
Months between heats				8)	Mastitis (bad milk)
2)	Refusal to accept male			9)	Difficulty whelping
3)	Failure to conceive			Specify	
4)	Fetal death (before birth)			10)	Caesarean Sections
5)	Fading puppies			How often?	
6)	Vaginal infection			11)	Other

MALE:		Yes	Age	Yes	Age
1)	Lack of interest in female			5)	Abnormality of testicles Eg Cryptorchid, enlarged epididymis
2)	Impotence (inability to breed willing female)			6)	Genital infection
3)	Sterility (no sperm)			7)	Prostatitis
4)	Abnormal sperm			8)	Other

BLOAT: Has your dog ever bloated? _____ At what age? _____ How often? _____ Did it die of bloat? _____

SEIZURES: Has you dog ever had seizures (epilepsy)? _____ Age of first seizure? _____

IMMUNE SYSTEM: Has you dog been diagnosed with a condition in which immune failure was suspected? _____
 What was the condition? _____
 How was diagnosis made? _____

TEMPERAMENT: How would you describe your dogs temperament? (Tick all that apply)
 Nervous _____ Timid _____ Reserved _____ Confident _____ Protective _____ Aggressive _____

Feel free to include any comments about your dog's health; use extra sheets if necessary. Please put your name and your dog's name on each such sheet.
 Post completed form to PMDC of GB Survey Co-ordinator Miss. P. M. Fieldhouse, 10 Trenchard Road, Locking, Weston-Super-Mare, N. Somerset. BS24 7AH (Use this address or healthsurvey@pyrenvale.org.uk to request additional questionnaires)