



The Portuguese Podengo Club of Great Britain
Breed Health Survey 2010

It is important that a **separate** report is given for each dog-please report on **ALL** of your Podengos, even if they are perfectly healthy. It is equally important to have confirmation that a Dog is healthy as well as reports of Dogs with established problems.

Please take a few minutes to complete this Health Survey

**The provision of the data on this first page is optional but highly recommended
(It will be kept completely confidential)**

Registered Name of Dog.....

Pet Name.....

Date of Birth.....

Sex.....

Colour.....

Coat Type.....

Sire.....

Dam.....

Name of Owner:.....

Address.....

.....

.....

Post Code.....

Tel. No.....

Fax No.....

E-mail.....



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Please provide a separate report for each dog
The following data is required in all cases
(Please circle the correct answer where relevant)

Dog's Pet Name.....
Date Report Made.....
Date of Birth.....
Sex: M/F.....
Entire/Neutered.....

Q1. Is our Dog Vaccinated? **Regularly/Occasionally/Never**

Last vaccinations date.....Vaccine Brand.....

Q2. Is your dog generally **Healthy/Not Healthy**

Q3. Does your dog receive regular medication to prevent parasites (e.g. Fleas and Worms?) **Yes/No**
If you have answered **Yes** --then please indicate what medication and how often?

MEDICATION.....

FREQUENCY.....

Q4. Has your dog got any obvious defects ? **Yes/ No**
If you have answered **No** then please go to **Question 5**

Q4a. What type of defect? Teeth or Mouth?.....

Please describe.....

Undescended Testicles **One/Both**

Kinked Tail..... **Yes/No**

Deafness..... **Yes/No**

Blindness..... **Yes/No**

Other.....Please give a brief description of any defect.....

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Q5. Has your dog any chronic problems that is distressing or affects its Health or Welfare?
Yes/ No... If you have answered **No** please go to **Question 6.**

Q5a. Please briefly describe the problem (attach a separate sheet if necessary)-

If your Vet has given a diagnosis please state what it is.....

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Veterinary Diagnosis.....

Q5b. Is your dog on long term medication for this condition? **Yes/No**
If you have answered **No** then please go to **Question 6.**
What is the treatment?.....

Q6. Has your dog ever required surgery? (Other than routine neutering) **Yes/No**
Q6a. What was the reason?.....

Q6b. Was the surgery successful? **Yes/No/ Partially**

Q6c. Is there any long-term treatment required? **Yes/ No**
If **Yes-** Please state the treatment.....
.....

Q7. Has your dog got any unusual or undesirable behaviour problems? **Yes/No**
If you have answered No then go to **Question 8.**

- Please **TICK** if appropriate.
- Aggression.....
 - Timid.....
 - Poor House Training.....
 - Destructive.....
 - Fits or Seizures.....
 - Other (Please describe).....
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Q8. Are there any other problems you wish to remark upon that are not covered by the questions so far? **Yes/No**
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Please feel free to photocopy this form and give to the owner(s) of any Podengos that you have bred, whether or not they are Members of the Portuguese Podengo Club of Great Britain.

Once completed the Forms should be sent directly to:-

The Health Co-ordinator for The Portuguese Podengo Club of Great Britain,
Mrs. B. A. Judge,
Wellington Farm,
Longcot,
Faringdon,
Oxfordshire SN7 7SS

or can be emailed to: health@podengos.org

Thank you for completing this Health Survey Form, this enables The Portuguese Podengo Club of Great Britain, to monitor any particular health trends that may appear in the Breed.