



**FLATCOATED RETRIEVER SOCIETY**

**GROUP STUDY ANNUAL QUESTIONNAIRE- ADULT DOG**

**To be completed annually following your dog's birthday. (Please circle Yes or No answers)**

Registered Name: .....

Registration Number: .....

M/Chip Number: .....

Sire: .....

Dam: .....

D.O.B ..... Sex: Male/Female

Colour: Black/Liver/other (please specify).....

Name & Address of Owners .....

.....

Email: .....

Tel: .....

**I/We understand that the information supplied is given without anonymity and may be used for research purposes.**

For details of the Flatcoated Retriever Society's Privacy Policy please refer to the Society website:

<http://www.flatcoated-retriever-society.org/about>

**Signed.....Date.....**

Please sign above and return completed form to:

**Liz Branscombe, RVN, Dip AVN (Surgical)**

**5 Russell Grove**

**Millbrook**

**Beds**

**MK45 2JE**

**01525 405884 [lizzie@torinmill.plus.com](mailto:lizzie@torinmill.plus.com)**

**Vaccination:**

Booster vaccine given? Yes/No

If yes which diseases were covered:

Distemper: Yes / No      Adenovirus: Yes / No      Parvovirus: Yes / No      Coronavirus: Yes / No

Leptospirosis: Yes / No      Kennel Cough: Yes / No

Brand/Manufacturer (**please specify**)

.....

Interval since last booster vaccination.....

Were homeopathic nosodes used? Yes / No

Any reaction to vaccination? Yes/No (if yes please give details)

.....

.....

Any treatment given? (if yes please give details)

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.....

**Feeding:** Complete / Raw / other (please specify).....

.....

Frequency of feeds .....

Any other additional supplements given? If yes please specify

.....

Any problems associated with feeding? (including vomiting, diarrhoea, gastric torsion (bloat)) Yes/No (if yes please specify)

.....

.....

Any treatment given? (if yes please give details).....

.....

**Exercise:** how much per day? .....

On lead Yes/No    Off lead Yes/No    Combination of lead and free running Yes/No

Floor surface i.e. laminate/ tiles/concrete/ carpet/ other (please specify)

**Parasite control:**

Treated with flea/lice preparations? Yes/No (if yes please specify)

Frequency of treatment.....

Worming products used? Yes/No (if yes please specify)

Frequency of treatment .....

Any reaction to the flea or worming products used? Yes/No (if yes please give details)

**Other conditions:**

Any skeletal problems? Yes/No (if yes please give details of any treatment or surgery)

Any incidence of lameness?    Yes /No (if yes please give details of any treatment)

Any skin disorders (including allergies)? Yes/No (if yes please specify)

Did this require treatment? .....

Any other illness or condition not already noted? (if yes please give details)

.....  
.....  
.....

**Please include copies of any laboratory reports if further analysis has been carried out by external laboratories for any of the above conditions**

If female what is the frequency of oestrus? .....

Have there been any problems associated with the oestrus cycle? Yes/No (if yes please give details)

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.....

**Neutering:** Yes/No If yes at what age? .....

If male was the dog cryptorchid? Yes/No.....

**Travel Abroad:**

Has your dog been issued with a passport under the Pet Travel Scheme? Yes/No

If yes, which countries has your dog visited.....

.....

Any health conditions resulting from travel abroad? Yes/ No

(if yes please give details) .....

.....

.....

**Health Testing: (Please include copies of certification, there is no need to send this more than once)**

Hips x-rayed and scored under the BVA/KC Scheme Yes/No – if yes please give score:

RH.....LH.....Total.....

Elbows x-rayed and scored under the BVA/KC scheme Yes/No – if yes please give score

.....

Eyes examined under the BVA/KC Scheme, AHT Eye Scheme or ECVO Scheme Yes/No please circle result:

PRA Affected/Unaffected                      HC Affected/Unaffected

Goniodysgenesis /PLA (Gonioscopy) specify Grade (0,1,2 or 3) .....

Any other ocular or surrounding structure defects noted? Yes/No (if yes please specify)

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Any other health testing performed including participation in schemes outside the UK?

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DNA tested for Renal Dysplasia? Yes/No if yes please give result:

Homozygous (2 copies of mutant gene)

Carrier (1 copy of mutant gene)

Clear (normal, no copies of the mutant gene)

Patellae: screened under the Flatcoated Retriever Society's Scheme? Yes/No

**Breeding: If details of litters have been given in previous questionnaires there is no need to repeat, only list details of new litters.**

Male: has he been used at stud Yes/No if yes how frequently.....

Litter 1: How many puppies born? live.....dead.....

Any congenital problems (please specify).....

Litter 2: How many puppies born? live.....dead.....

Any congenital problems (please specify).....

(More than 2 litters please give details, use extra sheets if required)

Female: Has she been mated? Yes/No if yes age at mating.....how many

puppies were born?: live.....dead.....

Any congenital problems? (please specify).....

Did any puppies die between birth and 8 weeks? Yes/No (if yes please give details)

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.....

Was a caesarean section required? Yes/No (if yes please give details)

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Any other breeding problems? Yes/No (if yes please give details)

.....  
.....

Any treatment given? Yes/No (if yes please specify).....

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**Thank you for taking the time to complete this questionnaire**