



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/privacy>

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

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)

.....

.....

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).....

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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)
.....
.....

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)

.....

.....

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

.....

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)

.....
.....

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