



**Does your dog suffer from any neurological condition? Y / N**

Epilepsy Y / N Are they on permanent medication for this? Y / N

Seizures or collapse of unknown origin? Y / N

(Further details of occurrence, symptoms and age of onset would be appreciated).

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**Does your dog suffer from any of the following?**

Patellar Luxation Y / N Have the Patellae been assessed under the Society scheme or by your Vet?

If assessed please give results.....

Hip Dysplasia Y / N (If BVA/KC hip scored please give result LH.....RH.....)

O.C.D. / Elbow dysplasia Y / N (If BVA/KC scored please give result .....

Arthritis Y / N If yes please state in which joints .....

Torn cruciate ligament Y / N

Please state if any other skeletal (bone) or muscle disorders.....

Laryngeal Paralysis Y / N

Autoimmune Thyroiditis Y / N

Hypothyroidism (under active thyroid) Y / N

Cushing's disease Y / N

Any other hormonal/ endocrine disease? Please state .....

False pregnancy Y / N

Irregular seasons Y / N

Infertility Y / N / not known / neutered

Retained testicles Y / N (one or both testicles have not descended into scrotum)

Gastric Dilatation +/- torsion Y / N How many times?..... Was surgery required? Y / N (also known as bloat or G.D.V.)

Any type of food allergies? Y / N Please give details.....

Any other digestive disorder? Please give details.....

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Any organ dysfunction or failure?

Heart? Y / N e.g. Dilated Cardiomyopathy

Kidney? Y / N e.g. Renal dysplasia

Liver? Y / N

Please give further details if available.....

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Including age of onset.....

Method of diagnosis.....

Have any biopsies been performed? **Y / N** (results would be appreciated)

Details.....

Any Tumours/growths/cysts **Y / N**

If YES please state: Site/ location .....

Benign / Malignant -type if known .....

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ANY OTHER disease or condition not listed above? Please give details with vet’s diagnosis and lab reports if available.....

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Is this dog vaccinated? **Y / N** Annually / Every third year / other repeat / only the primary course / titre tested?

(This does not include nosodes or homeopathic) Is the kennel cough vaccination given? **Y / N**

Other (please state including any homeopathic regime).....

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Please provide details of current worming regime.....

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**Life style, Exercise and Activity:**

Average length of daily exercise .....(lead walking/free exercise/formal training)

Does your dog take part in any of the following activities in addition? If so please give details of frequency and duration of the activity:

Agility /Flyball/Obedience.....

Gundog training.....

Picking up.....

Gundog working tests .....

Field trials.....

Ringcraft / showing.....

Has your dog travelled abroad? **Y / N**

**Diet:**

What is your dog’s normal diet? .....  
Wet/Dry (kibble) / Raw / Combination

Dietary supplements given? **Y / N** details.....

**General Information:**

Have you provided a blood sample or cheek swab for DNA banking at the Animal Health Trust?  
Yes / No

If yes, in relation to which condition?.....

Have you any additional comments or concerns regarding the health or welfare of Flat Coated Retrievers?

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**Deceased dogs:**

If you have been unfortunate enough to lose any of your Flatcoats in the last 5 years please could you complete the following for each dog:

Age of death ..... Sex ..... Neutered? **Y / N**

Cause of death (if known) .....

Was this a confirmed diagnosis? **Y / N**

Did this dog ever suffer from any of the following conditions?

Juvenile Renal Dysplasia **Y / N** Confirmed? **Y / N**

Glaucoma **Y / N** Had the dog been tested under the BVA Scheme? If so result.....

Patellar Luxation **Y / N**

Hypothyroidism **Y / N**

Immune mediated or Auto Immune disease **Y / N**

Tumours **Y / N** details .....

**Has a cause of death been entered on the Cambridge University’s Flatcoated Retriever Cause of Death Register? **Y / N****

[https://cambridge.eu.qualtrics.com/jfe/form/SV\\_3KPogReWqzhcg6N](https://cambridge.eu.qualtrics.com/jfe/form/SV_3KPogReWqzhcg6N)

**Thank you very much for taking the time to complete this questionnaire**, the results will be collated and reported in due course. All individual answers will be confidential with only a summary of response information being published. If you have any specific queries, these should be directed to a member of the Flatcoated Retriever Society Health Committee: <https://www.flatcoated-retriever-society.org/health-section/health-committee>

This survey will provide a factual record that can be used as a comparison to the study of 2006 and 2011.

**FINALLY –**

**Would you be prepared to share this information with The Breed Health Coordinator/Society Health Committee without anonymity, if so please add the KC Registered name of your Flatcoat and an email address so we can contact you for further details if necessary:**

Dog KC Registered Name

Owner Name:

Email Address:

**By completing the above information, you give consent to the data being retained for use in breed related health research.**

***Please send this completed questionnaire to:***

**Ms T. Swain RVN  
73 Raymonds Plain  
Welwyn Garden City  
Herts. AL7 4TE**