

THE POINTER CLUB



In collaboration with: **The Pointer Club of Scotland /the Pointer Club of Northern Ireland**

CONFIDENTIAL HEALTH QUESTIONNAIRE

FOR POINTERS ONLY

BORN on or AFTER 1st January 1992

Please supply as much information as you can and if you are unable to complete all of the questions we would be grateful for any information you are able to report. Please use a separate form for each dog. If you require more questionnaire forms please download from the pointer club Website www.thepointerclub.co.uk or jointhehealth@thepointerclub.co.uk

It is essential for our survey that you tell us about your healthy Pointer(s) too

REGISTERED DETAILS OF YOUR POINTER

KENNEL CLUB NAME _____

KC REGISTRATION NO _____ PET NAME _____

DATE OF BIRTH ____/____/____

MICROCHIP No. _____ TATTOO _____

SEX: *Please circle* MALE / FEMALE NEUTERED / ENTIRE

Colour: Black & White Orange & White Liver and White Lemon & white

Other colour (*i.e. Solid or Tri*) Please state _____

1) IF DECEASED: DATE OF DEATH ____/____/____ and/ or

AGE AT DEATH ____ Years ____ Months

2) IF ANY OF THE ABOVE INFORMATION IS UNKNOWN WAS YOUR POINTER CHOSEN FROM A RESCUE CENTRE?

Yes / No Other _____

GENERAL INFORMATION *Please circle the relevant answer*

DIET

3) HOW MANY MEALS DO OR DID YOU FEED PER DAY?

1 2 3 Other

4) WHAT IS/WAS THE MAIN TYPE OF FOOD FED?

Dry kibble Tinned Meat Raw food Home prepared Special Vet diet Other

EXERCISE

5) HOW OFTEN DO OR DID YOU EXERCISE YOUR POINTER?

Once Daily Twice Daily At Weekends Occasionally

6) HOW MUCH TIME DO YOU SPEND EXERCISING YOUR POINTER EACH DAY?

None Up to ½ hr Up to 1 hr Up to 2 hrs More

7) IS THIS MOSTLY?

Lead Free Running

ACCOMMODATION

8) WHERE DOES OR DID YOUR POINTER LIVE?

In the family home Partial kennelling Kennelled

HEALTH

9) DOES OR DID YOUR POINTER SUFFER FROM ANY ALLERGIES?

Yes No If yes age at onset

If yes describe briefly _____

10) DOES OR DID YOUR POINTER SUFFER FROM TEMPERAMENT/ BEHAVIOURAL RELATED PROBLEMS?

Yes No If yes age at onset

If yes describe briefly _____

11) DOES OR DID YOUR POINTER SUFFER FROM SEIZURES (fits)?

Yes No If yes age at onset

If yes describe briefly _____

12) DOES OR DID YOUR POINTER SUFFER from any hormonal problem

(i.e. Hypothyroidism, Diabetes Mellitus, Addisons (hypoadrenocorticism)

Yes No If yes age at onset

If yes describe briefly _____

13) DOES OR DID YOUR POINTER SUFFER FROM ANY OTHER ILLNESS?

Briefly describe any other illness that has affected your Pointer and age at onset (i.e. Cancer, Eye related, Heart, Infections, Lameness, etc).

Please continue on a separate sheet if necessary.

- a).....
- b).....
- c).....
- d).....
- e).....
- f).....
- g).....
- h).....

Please continue on a separate sheet if necessary

14) IF DECEASED, PLEASE STATE CAUSE OF DEATH

.....

.....

15) ANY OTHER RELEVANT HEALTH INFORMATION YOU MAY WISH TO ADVISE THE CLUB ABOUT

Please continue on a separate sheet if necessary

16) I WOULD BE HAPPY TO TAKE PART IN A MORE DETAILED SURVEY

Yes No

17) WOULD YOU BE HAPPY TO SUPPLY A DNA SAMPLE TO THE ANIMAL HEALTH TRUST IN THE FUTURE (IF AVAILABLE) This can be done with a simple mouth swab

Yes No Not Applicable Profile Already held

OWNER'S FULL NAME _____ *Please use capital letters*

(Mr Mrs Etc) _____

Signed..... **Dated**.....

If owned in partnership both to sign

ADDRESS _____

_____ Post Code _____

Tel. _____ Mob _____

EMAIL _____

*Please return your completed questionnaire to: **Jennifer Owen B.Vet.Med MRCVS***

POINTER HEALTH SURVEY

Plough Cottage 123 High St North,

Stewkley,

Leighton Buzzard, LU7 0EX

Please note this is a postal survey only

It would be most helpful if you would please enclose any supporting information from your veterinary practice if available.

Enc

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2.

3.

The Pointer Club would like to thank The Pointer Club of Northern Ireland/ the Pointer Club of Scotland for their collaboration during this survey

NB In order to assess the percentage uptake, please advise me if your form was-

Downloaded from Website Photocopied

31 January 2012

FOR OFFICIAL USE ONLY

Date sent ____/____/____

By PC/PCOS/PCNI

Date received ____/____/____

Rescue Yes / No

Follow up sent ____/____/____ *Follow up received* ____/____/____

Notes _____