



PNEUMONIA SURVEY

After an excellent response to our first request for cases of hounds that have suffered from pneumonia - it has been decided to continue collecting this information and keep the study open. We therefore still need details of any/all Wolfhounds who have suffered from this, especially if it is a recurrence after the first attack. We hope to broaden this survey to include all respiratory problems in Wolfhounds soon as all such problems are equally life threatening. When this next phase is ready, we will be putting on an expanded version of the questionnaire but in the meantime, please use the original version.

1. **Name of Owner** this is needed so we have credibility. It will not be included in the electronic database.

2. **Kennel Club Identification of Dog** (with owner's permission) This is to identify the dog is an Irish Wolfhound.

3. **Pet Name** (if owner does not wish to disclose K.C. name)

4. **Sex** in case any predilection is found. (Please circle)

Female	Female Neutered	Male	Male Neutered
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5. **Age at time of incident** to discover if there is a vulnerable age. Please give in years UNLESS UNDER 12 MONTHS when exact age should be entered. Also please give approximate year of incident – particularly if it was a long time ago.

6. **Presented signs** – e.g. cough, rapid breathing – as much information as possible, can be vague and given in narrative form.

7. **Diagnosis given by Vet** – can be narrative and given in several stages. Please attach any printed veterinary data (this will usually form part of the bill given at the end of treatment) giving the whole clinical series from presentation to cure or death/PM.

8. **DEFINITIVE Diagnosis** – Veterinary records to be appended and VERY welcome. If vet is undecided please leave blank.

9. **Treatment** – printed veterinary records if possible. If not please give recollections and chronology.

10. **Owner's Perception of How Briskly Therapy was prescribed** – initial decision by owner to present dog to vet, and subsequent decision by vet.

Outcome – Please indicate the percentage recovery on the chart below.

Percentage Recovery										
100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%

If less than 100%, were there any remaining problems? If 0% was a Post Mortem performed?

11. **Relapses** – please indicate whether the dog had any relapses afterwards, and if yes, how many weeks later.

12. Any other comments

Signed _____

Dated _____

Please provide email or telephone number. This is in case we need to contact you to clarify any points made in your survey.

Email _____

Telephone _____

Thank you very much for participating. Your information will be invaluable to the breed.

**Please include veterinary narrative with the questionnaire and send to:
Miranda Brace, Upper Canfold Cottage, Cranleigh, Surrey, GU6 7FR**

If you require any help or information please contact the co-ordinator, Miranda Brace at mirandabraehead@gmail.com