

**THE IRISH WOLFHOUND HEALTH GROUP
VETERAN STUDY**

FORM B

*Please complete this form if you have owned/bred an Irish Wolfhound,
DURING THE LAST 20 YEARS,
who reached 7 years of age or over*

Please complete for **each hound** you have owned/bred who reached 7 years, or older

Please tick here if you would like your hound to be added to the IWHG Veterans' Register

If your hound reached 8 years of age and you would like to apply to the IWHG LRP to receive a certificate, acknowledging his/her longevity, please tick here

See: <http://www.iwhealthgroup.co.uk/iwhg-longevity-recognition-prog.html>

REGISTERED NAME – including any titles

(if your hound came from the IWRT or another rescue, then his/her pet name is sufficient)

PET NAME

DATE OF BIRTH

SEX

SIRE'S NAME *(if known)*

DAM'S NAME *(if known)*

BREEDER'S NAME *(if known)*

AGE WHEN ACQUIRED

ADULT HEIGHT

ADULT WEIGHT

Please complete in as much detail as you can remember.

Please circle ALL answers that apply and use a further sheet of paper if you need to expand on any of your answers.

Did your hound receive annual "booster" vaccinations?

YES/NO

(If 'NO', please state how often your hound was vaccinated and whether he/she was ever "titre tested")

How often did your hound visit a vet during his/her lifetime? (excluding vaccinations & boosters)

NEVER RARELY OCCASIONALLY QUITE OFTEN VERY OFTEN

Did your hound ever have a general anaesthetic? (If 'YES', how many times & for what purpose) **YES/NO**

Did your hound suffer from any significant health issues at any time during his/her life?

YES/NO

(if 'YES', please give details and state whether he/she required long-term medication)

Did your hound live indoors, or in an outside kennel?

IN/OUT

Did your hound live with any other dogs/animals? (Please give details)

YES/NO

What did you feed your hound and how often?

COMPLETE

HOME MADE/COOKED

RAW

COMBINATION

ONCE A DAY TWICE A DAY 3 TIMES A DAY 4 TIMES A DAY OTHER (please state)

Did you give your hound any supplements/vitamins/homeopathic treatments? **YES/NO**
(If 'YES' please give details)

Did your hound take part in any of the following activities?
SHOWING OBEDIENCE AGILITY P.A.T. DOG LURE COURSING OTHER (please state)

What kind and how much exercise did your hound have?
FREE RUNNING LEAD WALKING JOGGING WITH OWNER COMBINATION
DAILY TWICE DAILY 4-5 TIMES A WEEK 2-3 TIMES A WEEK LESS OFTEN
MORE OFTEN (please give details)

Did your hound travel regularly in a vehicle? **YES/NO**

Did your hound ever travel abroad? **YES/NO**

On average, how often was your hound left alone?
NEVER RARELY OCCASIONALLY 1-2hrs DAILY 2-5hrs DAILY 5hrs+DAILY

Was your hound ever destructive as an adult? **YES/NO**

How would you have described your hound's character?
SHY OUTGOING EXCITABLE CALM ENERGETIC LAZY AFFECTIONATE RESERVED

How would you describe your hound's physical condition **after 7 years of age**?
FAT THIN AVERAGE MUSCULAR WEAK HEALTHY IN POOR HEALTH

How would you have described your hound's appetite **after 7 years of age**?
VERY GOOD GOOD QUITE GOOD POOR VERY POOR

How would you have described your hound's level of activity **after 7 years of age**?
VERY ACTIVE ACTIVE MODERATE INACTIVE

How would you have described your hound's level of activity when in his/her prime?
VERY ACTIVE ACTIVE MODERATE INACTIVE

Was your hound bred from? **YES/NO**
(if 'YES' - please give details)

Do you know if any of your hound's littermates reached 7 years or over? (Please give details if known)

What was your hound's date and cause of death (if exact date not known, please state age at death)

YOUR NAME:

YOUR ADDRESS

EMAIL ADDRESS:

*Please send your completed form to Caroline Sheppard, Sustead House, PE34 3BD
(goldswift.sighthounds@gmail.com)*