

WIRE FOX TERRIER BREED HEALTH SURVEY 2011

This questionnaire is being distributed to members and is for the purpose of collecting pertinent health data for the wire fox terrier. All information given will be kept strictly confidential and will only be discussed with the owner or the breeder of any individual dog. If you answer YES to any question, it would be helpful if you could give a short description of the symptoms displayed, etc. and when the symptoms commenced. Please indicate what diet you regularly feed - dry/complete: canned meat and biscuit: B.A.R.F: fresh meat (cooked or raw): scraps.

If any dog you have bred has been affected by any of the conditions on the form, please include the details

AGE OF DOG _____ years _____ months

SEX DOG ____ BITCH ____ NEUTERED ____

REGISTERED (OR PET) NAME OF DOG _____

Has your dog ever been diagnosed with an ophthalmological condition Yes/No

Primary Lens Luxation ____ Cataracts ____ Retinal Disease (PRA) ____ Retinal Displasia ____

Painful eyes ____ Overflow of tears ____ Red eyes ____ Dry Eyes ____ Glaucoma ____ Loss of vision ____

Distichiasis ____ Entropion ____

Has your dog ever been diagnosed with any orthopaedic conditions - Yes/No

Patella luxation ____ Elbow Luxation ____ Legge/Perthes disease ____ Hip Displasia ____

Elbow Displasia ____ Arthritis ____

Has your dog ever been diagnosed with a liver condition Yes/No

Has your dog ever been diagnosed with a serious or persistent urinary tract condition Yes/No

Incontinence ____ Difficulty urinating ____ Excessive urination/drinking ____ Change in urination/
drinking habits ____ blood in urine ____

Has your dog ever been diagnosed with a heart condition Yes/No

Heart murmur ____ Abnormal heart rhythm ____ Other ____

Has your dog ever been diagnosed with a hormonal condition Yes/No

Cushing's Syndrome ____ Diabetes ____ Addison's ____ Other ____

or any of the following symptoms: Excessive thirst ____ Lethargy ____ Poor growth ____

Weight loss ____ Weight gain ____

Has your dog ever suffered from a condition affecting the nervous system Yes/No

Symptoms may include: Lack of co-ordination ____ Paralysis ____ Seizures ____

Behavioural changes ____

Does your dog suffer from any persistent digestive upset or condition Yes/No.

Vomiting ____ Diarrhoea ____ Low appetite ____ Constipation ____ Colitis ____ Pancreatitis ____

Have you ever known a dog of yours to have megasopheagus Yes/No

Have you ever known a dog of yours to have liver shunt Yes/No

Does your dog have any skin condition affecting the coat and/or ears Yes/No

Excessive scratching ____ Hair loss ____ Skin Lesions (scabs/crusts) ____

If your dog has ever been diagnosed with any form of cancer, please give details below

Please detail any temperament issues that your dog has shyness ____ agressiveness ____ destructive behaviour ____ any other traits

Do you vaccinate annually Yes/No

Do you use flea and worm preparations on a regular basis Yes/No

Has your dog ever suffered an adverse reaction afterwards. If so, please give full details

If your dog is female, please answer the following questions

At what age did she have her first season ____months ____years

Are her seasons regular Yes/No

Does she have phantom pregnancy symptoms Yes/No

Has your bitch ever been mated Yes/No

Did the mating result in puppies Yes/No

How many litters has she had ____

How many puppies in each litter ____

Did she require a caesarean section Yes/No

Did any puppies die in the first 3 weeks of life

After whelping, did she suffer from any conditions such as

Mastitis Yes/No

Insufficient milk Yes/No

Poor mothering instinct Yes/No

Any other adverse signs - detail

If your dog is male

Does he have two descended testicles Yes/No

Is he Cryptorchid (no testicles) Yes/No

Is he Monorchid (one testicle) Yes/No

If he has been used at stud, did the mating produce puppies Yes/No

How many puppies in each litter _____

Did any puppies die in the first 3 weeks of life Yes/No

It would be very useful if you could provide any other information about your dog which may be relevant to this survey

Name, address, telephone No. e-mail (these details will be kept strictly confidential)

**Please return the completed survey to the Breed Health Co-ordinator,
Mrs. H. Bradford, Flint Cottage, 20 Earl Howe Road, Holmer Green, Bucks. HP15 6PX**