

## Clumber Spaniel Club Health Survey 2019

The Clumber Spaniel Club carries out a major health survey every five years to assess the current health of dogs and to find out if there have been any improvements. Most of the questions are the same as in the last survey to allow comparison. There are additional questions on weight in line with the priorities identified in the Breed Health Plan.

Please note that it is very important to include healthy dogs in this survey so please complete and submit a form for each dog that you currently own. Hard copies can be requested from the Breed Health Coordinator or additional paper copies can be downloaded from the Club website.

This survey should not take more than 20 minutes to complete. It would be useful to have your dog's health records to hand; these may be available from your vet. Please provide as much detail as possible and use a separate sheet if you wish to add any further information.

Please note that details of individual dogs will not be published or shared with any other party. The full results of this survey will be published on the Club website and a summary report will appear in the Club Newsletter.

Completed forms should be returned by **31st October 2019** to the Breed Health Co-ordinator:

Mrs Carol Page, Micklemess, 20, Swanwick Lane, Swanwick, Southampton SO31 7HF or email to: [health@clumberspanielclub.org.uk](mailto:health@clumberspanielclub.org.uk)

**The Clumber Spaniel Club also has two ongoing surveys; one into breeding and one into life spans and your contributions to either one would be welcome. They are both available on the Club website or hard copies from the Breed Health Co-ordinator.**

Thank you very much in advance for taking the time to complete this survey.

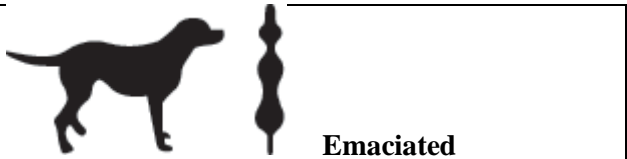



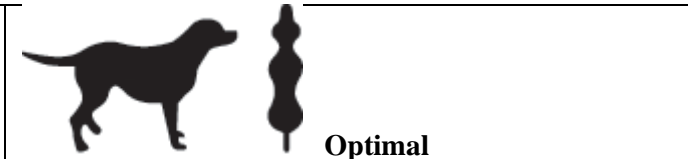
Pet name of dog:	
KC Registered name:	
Date of birth:	Dog [ ] or Bitch [ ]
Has your dog been spayed or neutered? Yes [ ] No [ ]	
Feeding Regime: Complete Diet [ ] Barf [ ] Tin food/Biscuit [ ] Tripe/Biscuit [ ] Other (please state)	

Exercise Regime:
Housing:

<b>EYE PROBLEMS:</b>	<b>Yes or No?</b>	<b>Age at onset</b>	<b>Symptoms</b>	<b>Any further information e.g. What treatment/management was provided? How did the condition respond? Was ongoing treatment and/or a specialist referral required?</b>
Dry eye			Mild [ ] Moderate [ ] Severe [ ]	
Ectropion			Mild [ ] Moderate [ ] Severe [ ]	
Entropion			Mild [ ] Moderate [ ] Severe [ ]	
Distichiasis (double row of eye lashes)				
Cataract				
Other (please state)				
Has your dog had an eye test under the BVA/KC Eye testing scheme? Yes [ ] No [ ]				

<b>EAR PROBLEMS:</b>	<b>Yes or No?</b>	<b>Age at onset</b>	<b>Symptoms</b>	<b>Any further information</b>
			Mild [ ] Moderate [ ] Severe [ ]	

<b>MOUTH PROBLEMS:</b>	<b>Yes or No?</b>	<b>Age at onset</b>	<b>Symptoms</b>	<b>Any further information</b>
Overshot jaw (bottom jaw not far enough forward for bottom teeth to meet back of top teeth)			Mild [ ] Moderate [ ] Severe [ ]	
Undershot jaw (bottom jaw in front of top jaw)			Mild [ ] Moderate [ ] Severe [ ]	
Wry mouth (twisted jaw)			Mild [ ] Moderate [ ] Severe [ ]	
Cleft palette				
Other (please state)				

<b>WEIGHT</b>	
What is the current weight of your dog?	..... kg
Please select the diagram below which best illustrates the body shape of your dog by putting a cross in the appropriate box beside the diagram:	
 <p><b>Emaciated</b></p>	 <p><b>Thin</b></p>
 <p><b>Overweight</b></p>	 <p><b>Obese</b></p>
 <p><b>Optimal</b></p>	

**SKELETAL PROBLEMS:**

Elbow/forelimb problems:	Yes or No?	Age at onset	Symptoms:	Any further information including: Whether X-rays or a CT scan was carried out for a diagnosis? Can a veterinary report be supplied?
Forelimb Lameness			Mild [ ] Moderate [ ] Severe [ ]	
Forelimb Breaks				
<p><b>If YES</b> to either of the above, was it later diagnosed by a vet as:</p> <p>[ ] Incomplete Ossification of the Humeral Condyle (IOHC) [ ] Humeral intracondylar Fissure (HIF)            [ ] Humeral Condyle Fissure (HCF) [ ] Elbow Dysplasia (ED)            [ ] Osteochondrosis (OCD), [ ] Panostenosis            [ ] Other, please state: .....</p>				

Hips/Hind limb problems	Yes or No?	Age at onset	Symptoms	Any further information
Hip Problems / Hindlimb lameness			Mild [ ] Moderate [ ] Severe [ ]	
Slipping patella (kneecap)				

Spinal and other joint problems	Yes or No?	Age at onset	Symptoms	Any further information
Slipped discs, (Please specify condition)			Mild [ ] Moderate [ ] Severe [ ]	
Spondylosis				
Degenerative disc disease				
Osteochondrosis (OCD)				
Osteoarthritis				

GENERAL DISORDERS:	Yes or No?	Age at onset	Symptoms	Any further information
Skin disorders: e.g. food allergy flea allergy bacterial/yeast infection (Please specify condition)			Mild [ ] Moderate [ ] Severe [ ]	
Hypothyroidism				
Panostenosis (growing pains)				
Anal gland problems			Mild [ ] Moderate [ ] Severe [ ]	
Umbilical hernia			Mild [ ] Moderate [ ] Severe [ ]	
Heart murmurs			Mild [ ] Moderate [ ] Severe [ ]	
Other heart problems			Mild [ ] Moderate [ ] Severe [ ]	
Cancer / tumours / lymphoma (Please specify type)				
Pyometra				
Single or retained testicles				
Prostate gland problems				
Epilepsy or fits				
Aggressive behaviour				
Exercise Induced Collapse				
Other problems (Please specify condition)				

Date this form completed:

The Clumber Spaniel Club thanks you for the information provided and your participation in this survey.