



## THE IRISH WATER SPANIEL ASSOCIATION

Health Status Update of Irish Water spaniels with DNA Swabs stored at the Animal Health Trust for Future Research

PLEASE COMPLETE THE FOLLOWING IN **BLOCK** LETTERS AND RETURN BY POST TO:

Dr. CATHRYN MELLERSH at the ANIMAL HEALTH TRUST, LANWADES PARK, KENTFORD, NEWMARKET, SUFFOLK, CB8 7UU.

K.C. Registered Name of Dog/Bitch.....

K.C. Registration Number.....Sex.....Date of Birth.....

Name and Address of Owner:

.....  
 .....  
 .....

Does your dog suffer from any serious health condition(s)?      YES  NO  DON'T KNOW

If YES, does it suffer from any of the following:- (Please tick appropriate box and highlight condition)

DISEASE CONDITION	Most common specific conditions	Tick if YES
Dermatologic	Alopecia; follicular dysplasia; paronchyia; dermatitis	<input type="checkbox"/>
Reproductive	False pregnancy; pyometra; irregular heat cycles	<input type="checkbox"/>
Urologic	Cystitis; incontinence; bladder stones	<input type="checkbox"/>
Neurologic	Seizures; deafness; IVDD (unspecified)	<input type="checkbox"/>
Aural	Otitis externa; excessive ear wax	<input type="checkbox"/>
Cancer	Type unspecified (skin); melanoma	<input type="checkbox"/>
Ocular	Eye infections; cataracts; entropion; distichiasis; red eye	<input type="checkbox"/>

Other – Please specify.....

Date of Diagnosis.....

Any Other Information or Comments

.....  
 .....

*(If you require more space please continue on a separate sheet)*

IF THERE HAVE NOT BEEN ANY SIGNIFICANT HEALTH CHANGES PLEASE TICK BOX

If you have not already done so, please include copies of 5 generation pedigree, hip, eye certificates and any other relevant Laboratory or referral reports.

**Please Note – Send only copies of documentation, as originals cannot be returned.**