

THE BRACCO ITALIANO CLUB



The Bracco Italiano Club Breed Health Survey

This Health Survey is for owners to notify the Bracco Italiano Club (BIC) of specific health issues that they have encountered with their dog. This will enable the BIC to record and collate such health issues and to provide invaluable information on the current health status of our breed to our members. All personal data provided, either dog or owner, will be held confidential.

We thank you for completing the BIC Health Survey. Should you require additional forms these can be downloaded from our web site or www.braccoitalianoclub.co.uk or contact us. Please send your completed forms to:

Gill Gayler, 15 Lower Trindle Close, Chudleigh, Devon TQ13 0FA
or email to gillgayler@hotmail.co.uk

General information:

How many Bracco Italiano do you own: Male Female

How many years have you owned Bracchi

What activities are you involved with (please circle)

Working on a shoot Field trials Working tests Showing Obedience

Agility Working trials Breeding Pet only Other (please specify)

Optional information:

Pet name

Pedigree name

Age

Sex M/F

Owners name

Owners address

EYES

Cataracts YES/NO

Entropion YES/NO

Ectropion YES/NO

Glaucoma YES/NO

Other please specify

Age of onset and treatment required

EARS

Hematoma YES/NO

Chronic ear infection YES/NO

Other please specify

Age of onset and treatment required

DIGESTIVE TRACT

Bloat YES/NO

Food allergies YES/NO

Bowel disease YES/NO

Other please specify

Age of onset and treatment required

HEART

Heart failure YES/NO

Heart murmur YES/NO

Circulation problems YES/NO

Other please specify

Age of onset and treatment required

RESPIRATORY

Kennel cough YES/NO

Other please specify

Age of onset and treatment required

LIVER/GALLBLADDER

Porto systemic shunt YES/NO

Other please specify

Age of onset and treatment required

UROLOGICAL

Kidney Infection YES/NO

Cystitis YES/NO

Tumours YES/NO

Kidney failure YES/NO

Amyloidosis YES/NO

Incontinence YES/NO related to spaying YES/NO

Other please specify

Age of onset and treatment require

SKIN CONDITIONS

Skin Allergies YES/NO

Demodectic mange YES/NO

Sarcoptic mange YES/NO

Alopecia YES/NO

Other please specify

Age of onset, cause if known and treatment required

SKELETAL

Hip dysplasia YES/NO Hip score if known

Elbow dysplasia YES/NO Elbow score if known

UAP (Ununited Acromioclavicular Process) YES/NO

Anterior or Cruciate ligament tear or rupture YES/NO

if yes was this due to trauma or hereditary

Patella Luxation YES/NO

Bendy legs as a puppy YES/NO

Other please specify

Age of onset and treatment required

NEUROLOGICAL

Epilepsy YES/NO

Under active thyroid YES/NO

Other please specify YES/NO

Age of onset and treatment required

CANCER/TUMOURS

Cancer YES/NO

Malignant tumours YES/NO

Non malignant tumours YES/NO

Other please specify

Age of onset where the cancer/tumour is located and treatment required

TOXIC REACTION

Anesthesia YES/NO type of anaesthetic

Medicine reaction YES/NO type of medicine

Vaccine reaction YES/NO type of vaccine

Flea and tick treatments YES/NO product used

Bee/wasp sting YES/NO

Snake bite YES/NO

Other please specify

Treatment required

ALLERGIES

(not covered under Digestive tract or Skin)

Age of onset, cause if known and treatment required.

REPRODUCTION

Dog

Castrated YES/NO Age at castration

Reason for castration

Bitch

Spayed YES/NO Age when spayed

Reason for spaying

If not spayed does the bitch have regular seasons YES/NO

Has the bitch had any litters YES/NO If yes how many

Has the bitch had any problems mating YES/NO

if yes please give more information

Has the bitch had any problems in whelping YES/NO

if yes please give more information

Have there been any problems in rearing the pups YES/NO

if yes please give more information

Have there been any abnormalities in the puppies YES/NO

if yes please give more information

BEHAVIOUR

Fear aggression YES/NO

Aggression towards other dogs YES/NO

Fear of loud noises e.g gunshot/fireworks/thunder YES/NO

Separation anxiety YES/NO

Nervous behaviour YES/NO

Age of onset, possible causes and treatment required

Are there any other health problems not covered by this survey YES/NO

if yes please give details of the problem, age of onset and treatment required