

**THE IRISH WOLFHOUND HEALTH GROUP  
VETERAN STUDY**

**FORM A**

*Please complete this form if you own/bred an Irish Wolfhound, who is 7 years of age or over and is  
STILL ALIVE*

*By completing this form, you agree to the IWHG using the data you supply to provide reports on the health status of UK owned or bred, Veteran Irish Wolfhounds. Your personal details will not be shared publicly and will only be used, in confidence, by the IWHG.*

Please indicate here if you would like your hound's date of birth, etc to be added to the IWHG Veterans' Register. Please see:

<http://www.iwhealthgroup.co.uk/iwhg-longevity-recognition-prog.html>  
(None of your hound's details will be shared publicly, unless you tick this box.)

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

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

Does your hound receive annual "booster" vaccinations?

**YES/NO**

*(If 'YES', please state type of vaccines used if known)*

*(If 'NO', please state how often your hound has been vaccinated and whether he/she is, or has ever been, "titre tested")*

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

**NEVER      RARELY      OCCASIONALLY      QUITE OFTEN      VERY OFTEN**

Has your hound ever had a general anaesthetic? (If 'YES', how many times and for what purpose)

**YES/NO**

Has your hound had any significant health issues?

**YES/NO**

*(if 'YES', please state whether any are ongoing and/or requiring medication)*

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

**IN/OUT**

Does your hound live with any other dogs/animals? (please give details) **YES/NO**

What do 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)**

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

Does/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 does your hound currently 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)**

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

Has your hound ever travelled abroad? **YES/NO**

On average, how often is your hound left alone?

**NEVER RARELY OCCASIONALLY 1-2hrs DAILY 2-5hrs DAILY 5hrs+DAILY**

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

How would you describe your hound's character?

**SHY OUTGOING EXCITABLE CALM ENERGETIC LAZY AFFECTIONATE RESERVED**

How would you describe your hound's current condition and health status?

**FAT THIN AVERAGE MUSCULAR WEAK HEALTHY QUITE HEALTHY IN POOR HEALTH**

How would you describe your hound's appetite?

**VERY GOOD GOOD QUITE GOOD POOR VERY POOR**

How would you describe your hound's current level of activity?

**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**

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

Do you know if any of your hound's littermates are still alive? (Please give details if known)

YOUR NAME:

EMAIL ADDRESS:

YOUR ADDRESS:

*~ Thank you for your time in completing this survey ~  
Please send your completed form to Caroline Sheppard, Sustead House, PE34 3BD  
([goldswift.sighthounds@gmail.com](mailto:goldswift.sighthounds@gmail.com))*