

**THE IRISH WOLFHOUND HEALTH GROUP  
VETERAN STUDY**

**FORM B**

*Please complete this form if you have owned/bred an Irish Wolfhound,  
DURING THE LAST 20 YEARS,  
who reached 7 years of age or over*

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

*Please tick here if you would like your hound to be added to the IWHG Veterans' Register*

*If your hound reached 8 years of age and you would like to apply to the IWHG LRP to receive a certificate, acknowledging his/her longevity, please tick here*

*See: <http://www.iwhealthgroup.co.uk/iwhg-longevity-recognition-prog.html>*

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 complete in as much detail as you can remember.**

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

Did your hound receive annual "booster" vaccinations?

**YES/NO**

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

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

**NEVER      RARELY      OCCASIONALLY      QUITE OFTEN      VERY OFTEN**

Did your hound ever have a general anaesthetic? (If 'YES', how many times & for what purpose) **YES/NO**

Did your hound suffer from any significant health issues at any time during his/her life?

**YES/NO**

*(if 'YES', please give details and state whether he/she required long-term medication)*

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

**IN/OUT**

Did your hound live with any other dogs/animals? (Please give details)

**YES/NO**

What did 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)**

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

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 did your hound 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)**

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

Did your hound ever travel abroad? **YES/NO**

On average, how often was your hound left alone?  
**NEVER    RARELY    OCCASIONALLY    1-2hrs DAILY    2-5hrs DAILY    5hrs+DAILY**

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

How would you have described your hound's character?  
**SHY    OUTGOING    EXCITABLE    CALM    ENERGETIC    LAZY    AFFECTIONATE    RESERVED**

How would you describe your hound's physical condition **after 7 years of age**?  
**FAT    THIN    AVERAGE    MUSCULAR    WEAK    HEALTHY    IN POOR HEALTH**

How would you have described your hound's appetite **after 7 years of age**?  
**VERY GOOD    GOOD    QUITE GOOD    POOR    VERY POOR**

How would you have described your hound's level of activity **after 7 years of age**?  
**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**

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

Do you know if any of your hound's littermates reached 7 years or over? (Please give details if known)

What was your hound's date and cause of death (if exact date not known, please state age at death)

YOUR NAME:

YOUR ADDRESS

EMAIL ADDRESS:

*Please send your completed form to Caroline Sheppard, Sustead House, PE34 3BD  
([goldswift.sighthounds@gmail.com](mailto:goldswift.sighthounds@gmail.com))*