

PICARDY SHEEPDOG HEALTH SURVEY

Please complete as much of this form as possible. It will give us a valuable insight into the health of the Picardy Sheepdog in the UK.

Tick the box if applicable and details will be appreciated

*****THIS SECTION IS OPTIONAL*****

Please tell us about your Picardy Sheepdog:

| | |
|--|--|
| Registered Name | |
| Pet Name | |
| Breeders Name | |
| Sex: Male/Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth: | |
| Colour: | <input type="checkbox"/> Pure Fawn <input type="checkbox"/> Charcoal Fawn (Fawn with dark markings) <input type="checkbox"/> Brindle |
| Has your Picard been hip scored? If yes, please give details. | <input type="checkbox"/> |
| Has your Picard been eye tested? If yes please give details. | <input type="checkbox"/> |

GENERAL HEALTH

Has your Picardy Sheepdog suffered from any of the following?

| | |
|---|--------------------------|
| Brittle nails/benign tumours/flea allergy/hotspots. | <input type="checkbox"/> |
| Missing teeth/tooth extraction/gum disease. | <input type="checkbox"/> |
| Anxiety. | <input type="checkbox"/> |
| Giardia/SIBO/colitis/persistent vomiting & diarrhea. | <input type="checkbox"/> |
| Eye problems e.g. CMR, PRA, entropion, cataracts. | <input type="checkbox"/> |
| Recurring ear infections. | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Hay fever or other allergies. | <input type="checkbox"/> |
| Overshot/undershot jaw. | <input type="checkbox"/> |
| Hernia. | <input type="checkbox"/> |
| Epilepsy. | <input type="checkbox"/> |
| An autoimmune disorder. | <input type="checkbox"/> |
| Cancer. | <input type="checkbox"/> |
| Heart problems. | <input type="checkbox"/> |
| Pancreatitis. | <input type="checkbox"/> |
| Diabetes. | <input type="checkbox"/> |
| Has your dog been neutered? | <input type="checkbox"/> |
| Has your dog been successfully mated? | <input type="checkbox"/> |
| Does it suffer from issues such as retained testicles or <i>vulve barrée</i> ? | <input type="checkbox"/> |
| Please give details of any other conditions not mentioned above. (Please use a separate sheet if necessary.) | <input type="checkbox"/> |

May we contact you again?

Please give your full name and address as well as your email address.

| | |
|-----------------------|--|
| Your Name: | |
| Address: | |
| Email address: | |

Please return this form to:

Shirley Hitchman – Breed Health Coordinator
 Oakfield House – Burton Road
 Oakthorpe
 Derbyshire DE12 7QX