



## The Irish Wolfhound Health Group

### Dentition Study – Owner Survey Form

*It is assumed that by completing this form, you give permission for us to include your data in the study and also to use any photographs submitted. All information supplied will be treated with strictest confidence and anonymity of individual dogs will be preserved at all times. We also recommend that you notify your breeder if you have any concerns.*

**NAME**

**CONTACT DETAILS – email –**

**Telephone**

**Address**

**Current age of puppy**

**MALE / FEMALE** (delete as appropriate)

**Does your puppy have misaligned teeth/jaws at present? If so, please describe how his/her mouth looks**

**Has your vet recommended surgery and/or a referral to a canine orthodontist?**

**Does your puppy appear to be in pain and/or have difficulty eating?**

**If the top jaw overlaps the bottom jaw at present (overshot) :-**

- (a) approximately by how much does the top jaw overlap?
- (b) are both, neither or only one of the lower canines misaligned?
- (c) do the lower canines press into the roof of the mouth, or gums?
- (d) does the entire lower jaw fit within the upper jaw – i.e. is the lower jaw narrow?
- (e) are the lower canines currently set behind the upper ones?

Would you happy to provide further information to this survey, if asked? This would include providing photographs of your puppy's mouth as it develops.

Please return your form to:-

**Caroline Sheppard (IWHG Dentition Survey) email – [goldswift.sighthounds@gmail.com](mailto:goldswift.sighthounds@gmail.com)**

*~ Thank you ~*