



## General health questionnaire to evaluate the various risk factors in Irish Wolfhounds that may influence the development of Osteosarcoma (2015):

### Section 1 - Owner and individual dog Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

N° of dogs of specific breed (IWH/Deerhound/Rottweiler) owned (not including puppies sold on):

\_\_\_\_\_

Name and breed of the Dog for which this questionnaire is being completed:

\_\_\_\_\_

KC registered (Please circle): Yes      No

If Yes what is the registered KC name: \_\_\_\_\_

Dogs Date of birth or age: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

Sex: \_\_\_\_\_ Is this dog neutered (please circle): Yes      No

If yes when (at what age or date) was this dog neutered \_\_\_\_\_

Has your dog been used for breeding? (please circle) Yes      No

What is your dog's current weight in kg (if possible could you check vet records or get them weighed?)

\_\_\_\_\_

Is your dog considered to be overweight either by you or your vet? (please circle) Yes      No

If yes, please specify by how much (Please circle):

Mild

Moderate

Substantial

**Which of the following best describe your dog's temperament (please tick – can be more than one answer):**

- Aggressive and not approachable by other dogs and people they don't know well
- Can be unpredictable but generally fine with other dogs and people
- Very friendly and mixes very well with dogs and people
- Relaxed
- Highly strung

**Section 2 – Specific information about Osteosarcoma, cruciate ligament injury (CLI) and heart failure:**

**Has your dog ever suffered with osteosarcoma, CLI or heart failure?** Yes  No

**If your dog has osteosarcoma, CLI or heart failure please complete the section below – we appreciate this will be very emotional and thank you again for helping with this. If not then please proceed to section 3 to provide further information about your dog and their general health.**

**Has any relative of your dog suffered from osteosarcoma, CLI or heart failure – if yes state the relation:**

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**Section 2a - Osteosarcoma section:**

**What area of the body was affected by the osteosarcoma (please circle):**

Left forelimb      Right forelimb      Left hind limb      Right Hind limb      Other: \_\_\_\_\_

**What bone in that area was affected (if known)? (please circle):**

Femur      Tibia      Fibula      Humerus      Radius      Ulna      Other: \_\_\_\_\_

**What treatment plan did you go with?**

**Palliative care at home including pain relief and anti-inflammatories until euthanasia:**

**Amputated the site of the bone cancer and then chemotherapy:**

**Amputation alone:**

**Chemotherapy alone:**

**Radiotherapy alone:**

**Please specify particular treatments:**

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**What factors were involved in you making this treatment plan decision (e.g. life expectancy/prognosis, cost, home management, the invasive nature of the surgery, your dog's age?)**

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**Is / was your dog stable with this treatment regime? Yes      No**  
**If yes how long for? \_\_\_\_\_**

**Section 2b - Cruciate ligament injury:**

**Has you dog been diagnosed with CLI or any other orthopaedic problem? Yes      No**  
**If yes, when was this (detail for each separate problem):**

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**Briefly provide details of the conditions (particular focus on CLI and whether this was partial or complete ligament tear):**

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**How did the CLI occur (e.g. was the leg caught or trapped or was this an event with no obvious trauma?)**

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**Has your dog had CLI in both hindlegs: Yes      No**

**If yes, was the inciting cause the same for both legs (please detail)?**

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**Did your dog have treatment (including surgery and hydrotherapy) for the CLI?      Yes                  No**

**If yes please specify:**

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**What factors influenced your decision over which treatment your dog received?**

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**Specify any medication your dog is currently receiving for this (including nutritional supplements for this condition)**

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**Section 2c - Heart disease questions:**

**Has your dog been diagnosed with any heart problems, such as a heart murmur or an abnormal heart rhythm?**

**Yes                  No**

**When was this identified?** \_\_\_\_\_

**Briefly give details:**

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**Has your dog been diagnosed with heart failure?                                  Yes                  No**

**When was this diagnosed?**

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**Briefly give details:**

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**How long has your dog been receiving treatment for it's heart failure?**

**What heart medication is your dog receiving?**

- Pimobendan (Vetmedin, Cardisure)
  - Furosemide (Dimazon, Frusecare, Frusedale, Frusol, Libeo)
  - ACE inhibitor (benazepril/Fortekor, Cardalis, Benefortin, Nelio, Prilben, Vetpril, enalapril/Enacard, Ramipril/Vasotop, imidapril/Prilium)
  - Sironolactone (Prilactone, Cardalis)
  - Other (please state)
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**Section 3 – Lifestyle and management section:**

**How many times per week does your dog take exercise?**

Daily      Every other day      other (please specify) \_\_\_\_\_

**If daily, how much exercise does your dog take each day?**

Less than one hour      1-2 Hours      3-4 Hours      More than 4 hours

**If daily, how many times on average does your dog have structured exercise each day?**

Once      Twice      Three Times      Four or more

**What type of exercise does your dog receive: for example gentle exercise on lead in flat open areas, or intense exercise such as working trials, agility or tracking or walks on hills / swimming?**

Gentle      Moderate      Intense

**Space for further details if required:**

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**What is the predominant type of food you feed your dog and brand? (please circle and specify)**

Dry complete food      Tinned food      Raw diet      Cooked diet      Other: \_\_\_\_\_

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**If you feed raw please state what raw meat you feed your dog and what is this balanced with:**

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**If you feed raw meat what is your normal source of the meat?**

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**Do you store this meat before feeding and if so for how long and is this refrigerated or frozen?**

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**Do you routinely give your dog any dietary supplements such as those containing vitamins and minerals, joint supplements or fish oils?**

**Yes                      No**

**If yes please specify which:**

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**Does your dog drink tap or bottled water? (please circle)                      Yes                      No**

**Does your dog drink other sources of water such as puddles, out of the toilet etc?    Yes                      No**

**If yes please specify: \_\_\_\_\_**

**Do you treat your dog against fleas?                      Yes                      No**

**If 'no' please explain your reasons for this:**

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**If 'yes' what is the name of the flea treatment that you use ? \_\_\_\_\_**

**How often do you treat your dog for fleas? \_\_\_\_\_**

**Do you treat your dog against worms?                      Yes                      No**

**If 'yes' which worming products do you give your dog? \_\_\_\_\_**

**How often do you worm your dog? \_\_\_\_\_**

**Section 4 – Health section:**

Does your dog suffer with any chronic (on going/longstanding) problems such as diarrhoea, vomiting or coughing?

Yes No

If yes please specify which, along with the approximate frequency and whether they are receiving any treatment for this (intermittently or continuously):

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Has your dog ever suffered any trauma from for example a road traffic accident, the result of a fight with another dog, or any other accident that caused physical injury?

Yes No

If yes please briefly specify what happened:

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### Section 5 – Veterinary information:

Is your dog vaccinated?

Yes No

Is the vaccine course up to date?

Yes No

Has your dog received a course of anti-inflammatory or pain relief medication in the past for more than a week?

Yes No

If yes please specify which:

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Has your dog received courses of antibiotics for more than a week?

Yes No

If yes please specify:

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Has your dog ever broken or injured a bone or injured a joint?

Yes No

If yes where was the break or injury and specify details?

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**Has your dog had any surgery on a bone or a joint (not including as part of treatment for cruciate ligament injury)**

**Yes**

**No**

**If yes please specify:**

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**If your dog had surgery did it have any implants, plates or prosthetics as part of the repair technique?**

**Yes**

**No**

**If yes please specify:**

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**Has your dog ever had an X-ray, a CT scan, an MRI or radiotherapy?**

**Yes**

**No**

**If yes please specify which and what this was for:**

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**Has your dog ever received chemotherapy (for a particular cancer or immune-mediated disease)?**

**Yes**

**No**

**If so please give brief details of why and what they received:**

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**Date Questionnaire completed:**

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**Thank you for taking the time to complete this questionnaire. Your input into the Nottingham breed health project is invaluable and greatly appreciated.**