Irish Wolfhound Foundation Life Cycle Study II

Dog's Call Name	Date of Birth (mm/dd/yyyy)	Age
Registered Name	AKC#	
Gender	Neutered/Spayed?	Weight (lbs)
Owner's Name	Phone	
Street	City	
State	Zip	Email Address

I understand that this data is for research purposes only and will be held confidential by the researchers and the employees of the Irish Wolfhound Foundation. I agree to provide annual updates to the Irish Wolfhound Foundation. I understand that health information and DNA data may be provided to researchers receiving support from the IWF.

I consent to have my contact information released to IWF supported researchers so that they can directly contact me for more detailed information. ____Yes ____No

I,_____ , agree to provide a yearly update providing the following information to the IWF, whether the dog is alive or dead, whether the dog has been diagnosed with a serious disease, if dead, the date and cause of death.

I would prefer to get yearly reminders by: ___Phone call   ___Text Message   ___E-mail   ___Mail

Signed_____ Date_____

The IWF will provide you with acknowledgement of your entry into the study and a unique study number.

EKG Data (to be filled in by veterinarian) Please attach a representative EKG strip (Lead I or II)

Name of examining Veterinarian

Rate (BPM) _____   1st Degree AV block: 1. No _____   2. Yes_____ (duration _____ sec)

Diagnosis: 1. Normal Sinus Rhythm _____   2. Normal Sinus Arrhythmia _____

**   3. Atrial Fibrillation _____   4. APCs _____   5. VPCs _____   6. Other _____**

Comments

Veterinarian's
Signature_____Date_____

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Health Information

Has **this dog** been diagnosed with one of the diseases below:

___ None of these   ___ Don't know

___Cardiac disease

___Progressive Retinal Atrophy   ___Retinal Dysplasia

___Primary Ciliary Dyskinesia   ___Pneumonia

___Hemangiosarcoma   ___Osteosarcoma   ___Lymphoma   ___Chondrosarcoma

___Gastric Torsion or bloat   ___Frequent Diarrhea   ___Megaesophagus

___Rear end Failure   ___Elbow Dysplasia   ___Hip Dysplasia   ___OCD

___Renal Failure   ___Liver Failure

___Allergies   ___Epilepsy   ) ifficulty Urinating

___Other (please specify)_____

_____

Has the dog's **sire** been diagnosed with any of the following:

___ None of these   ___ Don't know

___Cardiac disease

___Progressive Retinal Atrophy   ___Retinal Dysplasia

___Primary Ciliary Dyskinesia   ___Pneumonia

___Hemangiosarcoma   ___Osteosarcoma   ___Lymphoma   ___Chondrosarcoma

___Gastric Torsion or bloat   ___Frequent Diarrhea   ___Megaesophagus

___Rear end Failure   ___Elbow Dysplasia   ___Hip Dysplasia   ___OCD

___Renal Failure   ___Liver Failure

___Allergies   ___Epilepsy   Difficulty Urinating

___Other (please specify)_____

_____

Has the dog's **dam** been diagnosed with any of the following:

___ None of these   ___ Don't know

___Cardiac disease

___Progressive Retinal Atrophy   ___Retinal Dysplasia

___Primary Ciliary Dyskinesia   ___Pneumonia

___Hemangiosarcoma   ___Osteosarcoma   ___Lymphoma   ___Chondrosarcoma

___Gastric Torsion or bloat   ___Frequent Diarrhea   ___Megaesophagus

___Rear end Failure   ___Elbow Dysplasia   ___Hip Dysplasia   ___OCD

___Renal Failure   ___Liver Failure

___Allergies   ___Epilepsy   Difficulty Urinating

___Other (please specify)_____

_____

To your knowledge, have any of this dog's **littermates** been diagnosed with any of the following:

___ None of these   ___ Don't know

___Cardiac disease

___Progressive Retinal Atrophy   ___Retinal Dysplasia

___Primary Ciliary Dyskinesia   ___Pneumonia

___Hemangiosarcoma   ___Osteosarcoma   ___Lymphoma   ___Chondrosarcoma

___Gastric Torsion or bloat   ___Frequent Diarrhea   ___Megaesophagus

___Rear end Failure   ___Elbow Dysplasia   ___Hip Dysplasia   ___OCD

___Renal Failure   ___Liver Failure

___Allergies   ___Epilepsy   Difficulty Urinating

___Other (please specify)_____

_____
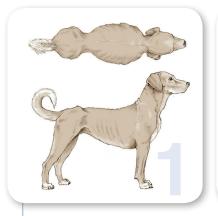
Call Name   Owner

Diet Information

What is your estimate of the Body Condition Score (BCS) for this dog? Select 1-9 _____   *See page 4 for information on BCS.*

1. Which of the following makes up the **majority** of your dog's diet (*select only 1*)

A - Raw commercially-formulated diet (dehydrated, frozen, or other forms)	**D - Cooked home-prepared diet**
B - Raw pre-mix commercial diet (commercial mixture of vegetables and/or grains to which you add raw meat)	**E - Commercial kibble (dry) diet**
	F - Commercial canned diet (includes pouches, tubs, chubs)
C - Raw meat based home-prepared diet	**G - Other (please describe below)**

2. Do you supplement your dog with any of the following? (*check all that apply*)

      Joint supplements (such as glucosamine/chondroitin, MSM, green-lipped mussel)
      Fatty acid supplements (such as flax, fish oil, omega-3s, fish oil, etc.)
      Digestive enzymes, probiotics, or prebiotics
      Vitamin/Mineral supplements, multivitamins
      Antioxidants (such as vitamin C, vitamin E, or superoxide dismutase)
      Herbs (if yes, please list)_____
      Other (if yes, please list which ones)

3. Would you be interested in participating in a future study on nutrition for Irish Wolfhounds?   Yes   No

Medications

Is your dog currently taking any of the following medications? Check all that apply and specify medication:

_____ Heartworm preventative _____

_____ Flea and tick preventative, oral or applied: _____

_____ Cardiac medications: _____

_____Antibiotics: _____

_____ Pain Medications: _____

_____Other Medications: _____

WSAVA
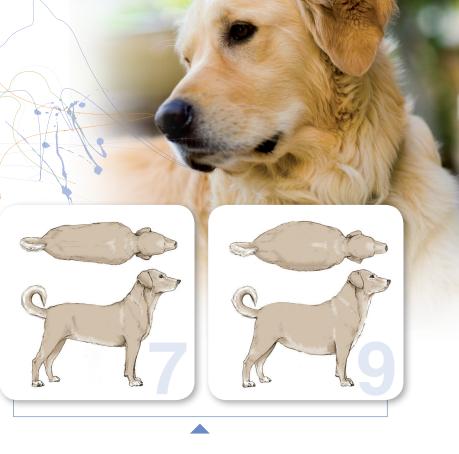**Global Nutrition**
Committee

Body Condition Score

UNDER IDEAL

1 Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.

2 Ribs, lumbar vertebrae and pelvic bones easily visible. No palpable fat. Some evidence of other bony prominences. Minimal loss of muscle mass.

3 Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible. Pelvic bones becoming prominent. Obvious waist and abdominal tuck.

IDEAL

4 Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.

5 Ribs palpable without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed from side.

OVER IDEAL

6 Ribs palpable with slight excess fat covering. Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.

7 Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.

8 Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distention may be present.

9 Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.

German A, et al. Comparison of a bioimpedance monitor with dual-energy x-ray absorptiometry for noninvasive estimation of percentage body fat in dogs. *AJVR* 2010;71:393-398.
Jeusette I, et al. Effect of breed on body composition and comparison between various methods to estimate body composition in dogs. *Res Vet Sci* 2010;88:227-232.
Kealy RD, et al. Effects of diet restriction on life span and age-related changes in dogs. *JAVMA* 2002;220:1315-1320.
Laflamme DP. Development and validation of a body condition score system for dogs. *Canine Pract* 1997;22:10-15.