



# Annual Follow-Up

## Irish Wolfhound Foundation Life Cycle Study II

If any of the following information has changed, please annotate new information.

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	

Name of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Is the above dog still alive?  Yes  No

If No, when did he/she die? \_\_\_\_\_ (month and year are sufficient if you don't have exact date)

What was the primary cause of death? \_\_\_\_\_ (details may be attached)

Was the dog euthanized?  Yes  No

If the dog is still alive, please complete the forms on Pages 2 and 3. Then have a veterinarian complete the EKG portion below.

**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 \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

Call Name \_\_\_\_\_

Owner \_\_\_\_\_

### Health Information

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac disease              | <input type="checkbox"/> None of these     | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Progressive Retinal Atrophy  | <input type="checkbox"/> Retinal Dysplasia |   |
| <input type="checkbox"/> Primary Ciliary Dyskinesia   | <input type="checkbox"/> Pneumonia         |   |
| <input type="checkbox"/> Hemangiosarcoma              | <input type="checkbox"/> Osteosarcoma      | <input type="checkbox"/> Lymphoma             |
| <input type="checkbox"/> Gastric Torsion or bloat     | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Megaesophagus        |
| <input type="checkbox"/> Rear end Failure             | <input type="checkbox"/> Elbow Dysplasia   | <input type="checkbox"/> Hip Dysplasia        |
| <input type="checkbox"/> Renal Failure                | <input type="checkbox"/> Liver Failure     | <input type="checkbox"/> OCD                  |
| <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Difficulty Urinating |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac disease              | <input type="checkbox"/> None of these     | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Progressive Retinal Atrophy  | <input type="checkbox"/> Retinal Dysplasia |   |
| <input type="checkbox"/> Primary Ciliary Dyskinesia   | <input type="checkbox"/> Pneumonia         |   |
| <input type="checkbox"/> Hemangiosarcoma              | <input type="checkbox"/> Osteosarcoma      | <input type="checkbox"/> Lymphoma             |
| <input type="checkbox"/> Gastric Torsion or bloat     | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Megaesophagus        |
| <input type="checkbox"/> Rear end Failure             | <input type="checkbox"/> Elbow Dysplasia   | <input type="checkbox"/> Hip Dysplasia        |
| <input type="checkbox"/> Renal Failure                | <input type="checkbox"/> Liver Failure     | <input type="checkbox"/> OCD                  |
| <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Difficulty Urinating |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac disease              | <input type="checkbox"/> None of these     | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Progressive Retinal Atrophy  | <input type="checkbox"/> Retinal Dysplasia |   |
| <input type="checkbox"/> Primary Ciliary Dyskinesia   | <input type="checkbox"/> Pneumonia         |   |
| <input type="checkbox"/> Hemangiosarcoma              | <input type="checkbox"/> Osteosarcoma      | <input type="checkbox"/> Lymphoma             |
| <input type="checkbox"/> Gastric Torsion or bloat     | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Megaesophagus        |
| <input type="checkbox"/> Rear end Failure             | <input type="checkbox"/> Elbow Dysplasia   | <input type="checkbox"/> Hip Dysplasia        |
| <input type="checkbox"/> Renal Failure                | <input type="checkbox"/> Liver Failure     | <input type="checkbox"/> OCD                  |
| <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Difficulty Urinating |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac disease              | <input type="checkbox"/> None of these     | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Progressive Retinal Atrophy  | <input type="checkbox"/> Retinal Dysplasia |   |
| <input type="checkbox"/> Primary Ciliary Dyskinesia   | <input type="checkbox"/> Pneumonia         |   |
| <input type="checkbox"/> Hemangiosarcoma              | <input type="checkbox"/> Osteosarcoma      | <input type="checkbox"/> Lymphoma             |
| <input type="checkbox"/> Gastric Torsion or bloat     | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Megaesophagus        |
| <input type="checkbox"/> Rear end Failure             | <input type="checkbox"/> Elbow Dysplasia   | <input type="checkbox"/> Hip Dysplasia        |
| <input type="checkbox"/> Renal Failure                | <input type="checkbox"/> Liver Failure     | <input type="checkbox"/> OCD                  |
| <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Difficulty Urinating |
| <input type="checkbox"/> 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

C - Raw meat based home-prepared diet

F - Commercial canned diet (includes pouches, tubs, chubs)

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: \_\_\_\_\_



# 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.

