## Pneumonia in Irish Wolfhounds Questionnaire

Registered Name	
Call Name Bir	rth/ Sex
Sire	
Dam	
	g? Date or Age at Death
Reason for death	House or Kennel Dog?
Other medical conditions :	
Medications/Heartworm/Flea Control etc:	
	mple or biopsy from your hound?
Contact DVM	
Name	
Address	
Telephone	
May we contact your veterinarian for medi	ical records?
Your Name	Telephone()
Email	

Please send the completed forms to:

Dr. Margret L Casal Section of Medical Genetics VHUP Room 4015 3900 Delancey Street Philadelphia, PA 19104-6010

Ph: 215-898-8894 FAX: 215-573-2162

## Pneumonia (single case or recurring)

## Please use a separate complete form for each dog

Age at first symptoms
Describe symptoms:
Distended neck
Discharge
Congestion
Sneezing/Snorting
Coughing
Change in Appetite
Body Temperature
Any other health conditions?
Diagnosed by:
Chest x-ray results:
Culture results:
Tracheal wash results:
Medications used:
Antibiotic dose
Duration of use
Was type of antibiotic changed? Type/dose
Mucolytic/expectorant dose
Duration of use
Antihistamine dose
Steam & Coupage How often
Was Treatment Successful? If not, was the dog euthanized?
Any resulting health problems?

Did the pneumonia reoccur?
If your dog had multiple occurances of pneumonia, please list the dates and treatments of
each occurance:
Was this dog at a Show, Field Trial, Veterinary Clinic, Boarding Kennel or Off-Leash park just
before the pneumonia? how long before the illness?
before the pheumonia: now long before the liness:
Do you have multiple dega?
Do you have multiple dogs?
Did any of them have respiratory problems at the time? Were they being treated?
Comments
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