

PCD/Rhinitis in Irish Wolfhounds
Questionnaire

Registered Name _____

Call Name _____ Birth ____/____/____ Sex ____

Sire _____

Dam _____

Total Pups in Litter ____ Is this dog living? ____ Date or Age at Death _____

Reason for death _____ House or Kennel Dog? _____

Other medical conditions :

Medications/Heartworm/Flea Control etc:

Would you be willing to submit a blood sample or biopsy from your hound? _____

Contact DVM

Name _____

Address _____

Telephone _____

May we contact your veterinarian for medical records? _____

Your Name _____ Telephone () _____

Address _____

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

PCD

Age at first symptoms _____

Describe symptoms:

Discharge _____

Congestion _____

Sneezing/Snorting _____

Coughing _____

Change in Appetite _____

Body Temperature _____

How did you treat the fever? _____

Medication & dose _____

Pneumonia/Bronchitis

How often? _____

Treatment / Medication / Dose _____

What tests were done? _____

How often did the symptoms reoccur? _____

Did the symptoms change each time? _____

Weight loss/gain _____

Comments _____
