

Pneumonia 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

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? _____

