**REPORT A HEALTH CONDITION**

**(CONFIDENTIAL)**

**for Pointers**

This form will be completely confidential and information collected and contained therein will be anonymised and information regarding health conditions will only be collated and possibly released as statistical data for use in assessment of current health issues within the breed. Names of dogs and/or owners will not be reported upon or shared anywhere.

|  |  |
| --- | --- |
| **Owner’s Name:** |  |
| Address: |  |
| House Name: |  |
| Street: |  |
| Village/Town: |  |
| County & Postcode: |  |
| Landline: |  |
| Mobile: |  |
| Email: |  |
|  |  |

|  |  |
| --- | --- |
| **KC Registered name of pointer:** (if known) |  |
| Country of Birth: |  |
| Registration No: (if known) | Date of Birth: |
| Pet Name: | Sex: |
| If deceased, date of death / age at death: |  |

|  |  |
| --- | --- |
| **Health Issues:** |  |
| Condition(s) suffered during lifetime or to date briefly describe any illness (e.g. lameness, infections, diseases, problems with skin/eyes/ears, auto immune, allergies) that has affected your Pointer. Please attach vet’s diagnosis wherever possible). |
| Condition | Age at onset | Treatment | Outcome |
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| --- |
| If deceased, please state cause of death: |
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|  |
| Any other relevant health information relating to your pointer that you may wish the Breed Health Coordinator to record: |
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|  |

Please continue below / on a separate sheet if necessary

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would be happy to be contacted for further details Yes / No

*Please return your completed questionnaire email to the current RKC Breed Health Coordinator:*

*Linda Westron* *aurichalcum99@hotmail.co.uk*