

PWDCA GI/IBD QUESTIONNAIRE

When given a box choice, please check all boxes that apply.
PLEASE PRINT OR TYPE

Registered Name: _____

AKC/Registration #: _____ Date of Birth: _____ Country of Origin: _____

Sex: Male Neutered Female Spayed Call Name: _____

Date of Death: _____ Cause of Death: _____ Euthanized

Sire: _____ Dam: _____

Owner: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Breeder: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Email: _____

This form is filed for the following health problem(s):

- | | |
|--|--|
| <input type="checkbox"/> Inflammatory Bowel Disease (IBD) | <input type="checkbox"/> Lymphangiectasia/Protein-Losing Enteropathy (PLE) |
| <input type="checkbox"/> Hemorrhagic Gastroenteritis (HGE) | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Megaesophagus | <input type="checkbox"/> Other _____ |

1. If dog was diagnosed with IBD, please state type and GI tract area: _____

2. What was the age of the dog when diagnosed? _____

3. How was the diagnosis made?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Blood Panel |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> X-Ray |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Other _____ |

4. What type of facility treated the dog?

- | | |
|--|--|
| <input type="checkbox"/> Regular Veterinarian | <input type="checkbox"/> Holistic Veterinarian |
| <input type="checkbox"/> Veterinarian Internist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> University/College Veterinarian Hospital – Name _____ | |

5. Did you try to treat the dog yourself before taking it to a vet? YES NO

6. How long did the dog have the following symptoms before seeing a vet? _____

7. Mark all symptoms shown by your dog:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Whining | <input type="checkbox"/> Excess Drooling | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Frequent Defecation | <input type="checkbox"/> Green Diarrhea |
| <input type="checkbox"/> Non-Eating | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fast & Weak Pulse | <input type="checkbox"/> Mucous/Blood in Feces |
| <input type="checkbox"/> Rapid & Shallow Breathing | <input type="checkbox"/> Dilated Pupils | <input type="checkbox"/> Pacing/Restless | <input type="checkbox"/> Fever |

8. What was the weight of your dog before becoming sick? _____ During sickness? _____ After treatment? _____

9. What treatment was prescribed? (i.e. Steroids, Vitamins, Medications, Antibiotics – be specific) _____

10. Was the treatment successful? YES NO If not, how long did the dog survive after treatment? _____

11. If no treatment was performed, how long did the dog survive after the diagnosis? _____

12. What has been the quality of life for the dog since being treated? EXCELLENT GOOD FAIR POOR

13. What type of diet was your dog fed before this health problem? Include product name, type of diet and supplements: _____

14. Has your dog's diet been changed since the diagnosis? YES NO

15. If dogs diet was changed, please state the new diet including product name, type of diet and supplements: _____

16. What type and how often were vaccinations given? _____

17. Please list any other health problems your dog has been diagnosed with: _____

18. Has this dog ever been bred? YES NO

19. Did the dog prior to or during the problem show any aggressive or change in behavior or temperament: YES NO

Explain: _____

20. Has the Breeder of this dog been notified about this problem? YES NO

21. If the Breeder has not been notified, please state why: _____

22. Would you be willing to be contacted by PWD owners going through a similar type of illness with their dog? (If not, your name will not be given to anyone.) YES NO

23. Can this information be submitted to the PWDCA Health Database? YES NO

24. Does the PWDCA, Inc. have your permission to submit this information to research programs regarding your dog's health problem as stated above? YES NO

25. If available, please attach copies of the dog's pedigree, registration, and any medical records pertaining to this health problem.

Owner's Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT FOR SUBMITTERS OF INFORMATION TO A
PWDCA COMMITTEE

I am voluntarily providing information regarding dog(s) I own and/or have bred to a member of a PWDCA committee. I understand that by so doing, this information will be available to current and future members of the committee to which I submitted the information and to researchers for studies approved by the PWDCA.

I further understand that if I designate this information as confidential by initialing below these members are bound to strictest confidence in the use of this information and strictly prohibited from written, electronic or oral communication, reproduction or dissemination in any manner of any information regarding individual Portuguese Water Dogs, breeding programs and breeders. Violation of this confidentiality by any committee member may result in immediate termination of their service on the committee, and suspension or expulsion from the PWDCA.

I further understand that providing confidential information to PWDCA committees does not make this information public, and that I am not to refer inquirers to the committee to obtain information regarding individual dogs.

I expressly state that the information provided

is confidential

[OR]

is not confidential.

Date _____

Signature _____

Print name _____