

PWDCA THYROID QUESTIONNAIRE

Registered Name: _____

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

Sex: ___ Male ___ Neutered ___ Female ___ Spayed Call Name: _____

Sire: _____ Dam: _____

Owner: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State _____ Zip Code _____ Email _____

Some Clinical signs of Canine Hypothyroidism **Please circle all that apply**

Lethergy

Weight Gain or Weight Loss

Mental dullness

Cold intolerance

Exercise intolerance

Mood Swings, aggression

Neurologic signs

Hyperexcitability

Seizures

Stunted Growth

Polyneuropathy

Chronic Infections

Dry scaly skin and dandruff

Chronic offensive skin odor

Coarse, dull coat

Bilaterally symmetrical hair loss

“Rat Tail”; “puppy coat

Seborrhea with greasy skin

Infertility

Prolonged interestrus interval

Absence of heat cycles

Silent heats

Testicular atrophy

Lack of libido

Changes in Temperament

Additional comments and observations can be added on the following page.

Additional comments and observations: _____

Note: This form may be filled in and returned to the committee chair--

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