

IWS QUESTIONNAIRE—HEMOPET THYROID STUDY Please complete a separate form for EACH dog

OWNER:		Date:	
Address:			
City:		State & Country:	Zip:
Phone:		Email Address:	
PET'S Call Name, (Registered Name Optional):			FAX:
Breed:	<i>Irish Water Spaniel</i>	Age when blood was drawn:	
Sex (circle):	M	M neutered	F
	F spayed	_____	# weeks post-estrus
Weight:	Is dog on any medication?	Yes / No	Blood Drawn ____ Hrs. post pill
If Yes, list medication(s):	How Much	How Often	
Please Describe Reason For Medication:			

PLEASE CHECK/LIST ANY SYMPTOMS:

Lethargy	Exercise Intolerance
Mental Dullness	Cold Intolerance
Behavioral Problems	Mood Swings
Hyperexcitability	Seizures
“Tragic” Expression	Drooping Eyelids
Muscle Wasting	Ruptured Cruciate Ligament
Weight Gain	Bilaterally Symmetrical Hair Loss
Coat Loss/Thinning	Dry, Scaly Skin & Dandruff
Fluffy/”Puppy” Coat	Skin Infections
Irregular Heat Seasons	Chronic Offensive Skin Odor
Infertility/Difficulty Conceiving	Lack of Libido
False Pregnancies	Silent Heats
Testicular Atrophy	Lack of Sperm/Low Sperm Count
Slow Heart Rate/Brachycardia	Cardiomyopathy

Other – Please Describe or Expand	
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OPTIONAL ADDITIONAL DATA INCLUDED:

Copies of past thyroid test panel(s)	
Pedigree – 3 or 5 generation preferred	
Photos of symptoms/condition	
Other	

ADDITIONAL COMMENTS:

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REQUIRED FOR ALL SUBMITTALS