IWS QUESTIONNAIRE – IWS 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:	***Irish Water Spaniel***	**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

OPTIONAL ADDITIONAL DATA INCLUDED:

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

ADDITIONAL COMMENTS:

REQUIRED FOR ALL SUBMITTALS