

## FINNISH SPITZ HEALTH SURVEY 2012

In accordance with the requirements of The Kennel Club, and the desire to protect our breed and secure its future, the breed clubs request that you devote a few minutes of your time to completing and returning the following questionnaire.

It is anticipated that the resulting information will assist in identifying any fading or emerging patterns within the breed, and once collated, the findings will be forwarded to The Kennel Club and published in the breed clubs Year Books.

To encourage maximum participation and thereby achieve the widest level of coverage for this important venture, this survey is deliberately anonymous by design. So please help, it is after all your breed.

### DOG / BITCH OWNERSHIP

Total number of Finnish Spitz both previously and currently owned (excluding puppies under 8 weeks of age). .....

Please include the following details, as appropriate.

Dog	Bitch	Age Acquired	Age at Loss	Year of Loss	Cause of Loss
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....

### GENERAL HEALTH

Have, or do, any of the Finnish Spitz you previously or currently own, suffered from or experienced any of the following conditions, and if so was Veterinary consultation / treatment required ?

	No	Yes	Dog	Bitch	Age at Onset	Year	No. Effected	Vet. Req'd.
Fit or Seizure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
An Eye Condition (Cataract, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Patella Luxation (Slipping Kneecaps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Kidney Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Liver Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Laryngeal Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Chronic Enteritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Cancer (Mammary tumours, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Pyometra	<input type="checkbox"/>	<input type="checkbox"/>			.....	.....	.....	<input type="checkbox"/>
Other (please specify).								
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Any Adverse Reaction to:								
Vaccinations (annual, rabies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>
Flea Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	<input type="checkbox"/>

**REPRODUCTION + FERTILITY**

Please include the following details, as appropriate.

	No	Yes	Dog	Bitch	Age at Procedure	Year	Number Effectuated	
Castration / Spaying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	
Caesarean Section	<input type="checkbox"/>	<input type="checkbox"/>			.....	.....	.....	
					Age at Mating–Dam	Age at Mating-Sire	Year	Number Effectuated
No Litter Resulting from Mating					.....	.....	.....	.....
					Age –Dam	Age-Sire	Year	Number of Puppies
Successful Whelping					.....	.....	.....	Dog ..... Bitch ..... Lost .....
					.....	.....	.....	Dog ..... Bitch ..... Lost .....
					.....	.....	.....	Dog ..... Bitch ..... Lost .....
					.....	.....	.....	Dog ..... Bitch ..... Lost .....

**TESTING**

Have any of the Finnish Spitz you previously or currently own participated in the following formal testing procedures ?

	No	Yes	Dog	Bitch	Age at Testing	Year of Testing	Clear
Eye (Cataract, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	<input type="checkbox"/>
Patella Luxation (slipping kneecap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	<input type="checkbox"/>
DNA – Epilepsy research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	
DNA - General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	

**PLEASE INCLUDE ANY ADDITIONAL NOTES THAT YOU CONSIDER MAY BE HELPFUL AND / OR RELEVANT.**

Please return your completed form by the 31<sup>st</sup> July 2012, to:

Mr S.D. Pearce *Chairman – Finnish Spitz Joint Judges Sub-Committee*  
 Pant Glas, Manordeilo, Llandeilo, Carmarthenshire, SA19 7BL. tel. 01550 777238, e-mail. [sdpearce@aol.com](mailto:sdpearce@aol.com)

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