

**ISWS - Voluntary Report of Health Issue**

DATE: \_\_\_\_\_

Note: Contact information is for use by the Health Committee only regarding this report, and will not be given out without your permission. General information regarding this report will be included as a statistic in routine reports.  
Please complete the following sections to the best of your knowledge

Owner's name: \_\_\_\_\_ Owner's telephone number: \_\_\_\_\_

Owner's email address: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Sex: \_\_\_\_\_

Registration number: \_\_\_\_\_

Sire of Dog: \_\_\_\_\_ Dam of Dog: \_\_\_\_\_

Breeder of Dog: \_\_\_\_\_

Health information may be shared with:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Health Committee     | <input type="checkbox"/> Littermate Owners                 | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> BOD                  | <input type="checkbox"/> ISWS Members & Members email list |   |
| <input type="checkbox"/> Breeder              | <input type="checkbox"/> Public "Windhounds" email list    |   |
| <input type="checkbox"/> Health Database/ UCD | <input type="checkbox"/> Any or all of the above           |   |

Indicate whether the Health committee may use the following when sharing information or including it in the monthly report:

Name of Dog  May Use  May Not Use

Name of Owner  May Use  May Not Use

We encourage contacting the breeder so that they may be informed of health related problems in their litters.

Have you contacted the breeder?  Yes  No  
If not, would you want the Health Committee to do so for you?  Yes  No

If we receive a report from people who have dogs that appear to have the same health concern as your dog, may we give them your contact information?  Yes  No

If we receive other reports of the same health concern you are reporting, would you like to be updated (the submitter must give permission for it to be shared for us to be able to pass it along)?  Yes  No

Health problem noted in your dog, please include testing done for diagnosis.

Treatments or lifestyle changes that were recommended for this condition:

Optional: Please share contact information of the veterinarian who diagnosed this condition.