

For The Saluki or Gazelle Hound Club

SALUKI HEALTH - SUDDEN DEATH SYNDROME

SD Questionnaire Form

Please Note - this is not an on-line form. Kindly print, complete and send it by post to the SGHC Breed Health Coordinator. Many thanks.

Tel 01895 255341 maya.monk@btinternet.com



THE SALUKI or GAZELLE HOUND CLUB Sudden Death Syndrome Questionnaire (for hounds up to six years old only)

All facts divulged in this questionnaire will be treated in the strictest confidence. Please fill in those items that require statements and circle the appropriate responses where necessary.

1. Name of Hound:

2. Age at death: years months

3. Sex: Dog Bitch

4. Number of siblings in litter;

Please supply at least 3 generation but preferably 5 generation pedigree.

5. Did you breed the hound? yes no

If no go to question 19

6. Describe the situation of the whelping

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7. At the birth of the pups was the birth supervised ? yes no

8. Did the bitch receive any drugs before or during the whelping period ? yes no

ssss9. Did the bitch receive antibiotics post whelping

1. Single long acting injection. yes no
2. Course of tablets. yes no

10. Was the whelping assisted?

1. Caesarean section. yes no
2. Surgical forceps yes no
3. Normal removal yes no

11. Were the pups cleaned up unaided by the bitch and allowed to suckle without interference ? yes no

12 If no, did you dry the pups artificially and either

1. Return immediately to the bitch yes no
2. Place them away from the bitch until she had finished. yes no

13. Did you use any artificial aids on the navel cords ?

1. Clips yes no
2. Ligation yes no
3. Antibiotic dressing yes no
4. Antiseptic dressing, i.e. iodine yes no

14. Did you weigh the puppies at birth ? yes no

15. If yes, why ?

16. Describe any other actions you took not covered by the questions asked

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17. Did any of the puppies require veterinary attention within the first few weeks of life ?

yes no

If yes describe treatment administered.

1. Lack of milk yes no

2. Vaginal discharge. yes no

If the answer to either was yes was veterinary advice sought and treatment prescribed? yes no

19. The growing puppy.

Give full vaccination history including brand name of vaccine, date administered and any subsequent booster given.

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20. Illness - Describe any illness suffered by the hound between its vaccination and death, purchase and death in the case of non breeders. in particular lameness either through injury or unexplained.

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21. Give brief summary of diet fed whilst you owned the hound including brand names.

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22. Describe exercise pattern adopted by the hound with special reference as growing puppy 16 - 30 weeks, and in the months prior to death.

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23. Did the hound undertake any abnormal exercise in the days before death?

yes no

If yes,
describe.
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24. Death was tragically sudden. Did you notice any change at all within

24 hours prior to death, i.e. off food, unwilling to exercise, passing
excess urine, diarrhoea etc

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25. Describe the events immediately prior to death.

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Thank you for taking the time to complete this. Your willingness to share the events of your tragic loss may well go a long way to helping us resolve the cause of these deaths. If you were not the breeder of the litter we would be grateful if you could ask permission of the breeder to be named so that they can complete section 6 - 18. It would be preferable for them to request a questionnaire.

All the information provided will be held in the strictest confidence.