

Health Survey

**OWNER:**

**DOG’S NAME:**

**SIRE:**

**DAM:**

1. **HEALTH REGISTRY INFORMATION:**
2. **CONGENITAL ANOMALIES**
3. **MEDICAL PROBLEMS**
4. **CAUSE OF DEATH (as accurate as known):**

**AND AGE:**

**AUTOPSY: Y/N** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit the completed form to: Patti Clark**

**25 Point O Rocks Road**

**Newtown, CT 06470**

**203-426-3154**

**willomoor@att.net**