

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**