



Health Survey

OWNER:

DOG'S NAME:

SIRE:

DAM:

1. HEALTH REGISTRY INFORMATION:

2. CONGENITAL ANOMALIES

3. MEDICAL PROBLEMS

4. KIDNEY DISEASE (and age of onset

5. 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**