



## CLINICAL HEALTH INFORMATION FORM

When your BGV is unwell, your vet will often do various tests to diagnose the problem. We would like you to tell us the results or final clinical diagnoses when a condition was first confirmed. With your vet's help if necessary, please complete this form and include any relevant information provided by your vet.

**THIS INFORMATION** will be confidential to the BGV Club Health Officer receiving it. General data will be used by the BGVC and shared with the PBGV Club of America who are completing a similar study. It will help determine whether any health problems need researching for the future. Specific details about you and your BGV will NOT be published.

\* *Necessary information.*

### BGV INFO

Breed: \*                      Grand  Petit

Registered Name: \*

Reg Number:

Sire (father):

Dam (mother):

Pet name: \*

Sex: \*

Dog  Bitch

Date of Birth (*if unknown, estimated year, random month/day*):

Owner's Name(s) & Address: \*

Breeder's Name(s) & Address:

Has the dog been altered? \*    Intact     Spayed     Neutered     If altered, what date?

Have you submitted your BGV's DNA to the Animal Health Trust? \*    YES     NO

*(The AHT may have provided you with a certificate giving information whether your PBGV is a carrier, affected or clear of POAG, or be storing your BGV's DNA along with pedigree and health history information to help with future research and testing aimed at reducing the incidence of inherited disease).*

### CLINICAL HEALTH INFORMATION

Enter a single diagnosed condition. If more than one NEW diagnosed condition for the same BGV, please print another form for each and include pet name in BGV Info section. For the first form, include as much known dog information.

Vet's Name: \*

Name/Address of Vet Practice/ Hospital:

Age when diagnosed: \*            Less than 1 year     1-5 Years     6-10 Years     Greater than 10 Years

Date of final diagnosis: \*           

**1. Clinical Diagnosis \*** (*Vet's Description: This can include major health problems such as epilepsy, vestibular disease, congestive heart failure, various cancers, Cushing's, Addison's, chronic irritable bowel syndrome, pancreatitis, leukaemia, tumours, patella luxation (dislocated knee cap), POAG, lens luxation, vaginal abnormality, stones, etc.*):

**2. What primary body part (organ) was affected? \*** (*Eg heart, skin, thyroid, stomach, blood vessels, liver, bones, brain, eye, lungs, genital organs*). If unknown, say "unknown".

**3. How the organ was affected; \*** the Primary mechanism or means that led to the condition? *For example: was condition present at or before birth; did organ degenerate over time; was it an infection; inflamed; a nutritional deficiency; cancer, poison; an accident or trauma; blood clot? If unknown, say "unknown".*

Was your BGV put to sleep? \*    Yes     No

Date of Death   

### YOUR DETAILS \*:

Name of Person Submitting  
Address

E-mail