



## HEALTH SURVEY 2019/20

The club is conducting a routine periodic survey into the general health & wellbeing of Fauves you have owned in the UK during the past five years. Your input is valued & appreciated. The survey is anonymous & confidential. The information provided will be held in accordance with the club's Privacy Policy available from the club's website.

Thank you for your help.

Please return your survey response to the club's Health Coordinator via email at [fauvehealth@gmail.com](mailto:fauvehealth@gmail.com)  
or via post to Fauve Health, 76 Main Road, Drax, Selby, Yorkshire, YO8 8NT

**Survey Closes: 31st March 2020**

*If you require more copies of the survey please contact the Health Coordinator*

### PART 1: THIS SECTION IS ABOUT FAUVES YOU OWN THAT ARE ALIVE

Fauve Number	Current Age of Fauve (in years & months)	Sex (Male or Female)	Neutered (Yes or No)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please use above Fauve Numbers when completing Part 2

**PART 2: COMMON GENERAL CANINE HEALTH CONDITIONS (NON BREED SPECIFIC)**

<b>Health Condition</b>	<b>Fauve Number</b>	<b>Age at Time of Diagnosis (in years &amp; months)</b>	<b>Additional Information</b>
Adverse Vaccine Reaction			
Behavioral issues			
Blindness			
Cancers & Tumours			
Cryptorchidism (non entire males)			
Cushing Disease			
Deafness			
Dementia / Senility			
Diabetes			
Elbow Dysplasia			
Hip Dysplasia			
Heart Diseases			

**PART 2: COMMON GENERAL CANINE HEALTH CONDITIONS (NON BREED SPECIFIC) continued**

<b>Health Condition</b>	<b>Fauve Number</b>	<b>Age at Time of Diagnosis (in years &amp; months)</b>	<b>Additional Information</b>
Idiopathic Epilepsy			
Infertility			
Irritable Bowel Disease			
Liver Shunt			
Mega-esophagus			
Pancreatitis			
Pyometra			
Skin Allergies			
Sudden Acquired Retinal Degeneration (SARDS)			
Thyroid Underactive			
Thyroid Overactive			
Other (please specify)			

**PART 3: CAUSES OF DEATH**

For each Fauve that has died please state the cause of death or reason for euthanasia.

<b>Sex</b> (Male or Female)	<b>Neutered</b> (Yes or No)	<b>Age at Time of Death</b> (in years & months)	<b>Description / Diagnosis</b> (postmortem performed?)

**PART 4: ADDITIONAL COMMENTS**

Please use this section to share other information & feedback you think may be helpful in respect of this survey and Fauve health & wellbeing.