



2020/21 SKIN & DIGESTIVE CONDITIONS QUESTIONNAIRE

*Please complete & submit online via Club website, if possible.
Additional copies can also be downloaded from the Club website.
Submit anonymously, if you prefer.*

PART ONE *(to be completed by ALL)*

Owner Name (optional):

Owner Contact Information (optional):

Number of Fauve Dogs & Ages:

Number of Fauve Bitches & Ages:

Q1. MY FAUVE(S) SUFFERS FROM A SKIN CONDITION? YES or NO *(please select applicable answer)*

If yes, please complete PART TWO Skin Conditions

Q2. MY FAUVE(S) SUFFERS FROM A DIGESTIVE CONDITION? YES or NO *(please select applicable answer)*

If yes, please complete PART THREE Digestive Conditions

If you have answered NO to both questions the questionnaire is complete, THANK YOU.

Please return via email to fauvehealth@gmail.com or post to Fauve Health, 76 Main Road, Drax, Selby, Yorkshire, YO8 8NT

If you would like to add any comments or share further information (e.g. why you think your Fauve does not suffer from Skin or Digestive conditions) please do so below:

PART TWO (please complete a separate questionnaire for each Fauve with a SKIN CONDITION)

Pet Name (optional):

Kennel Club Registered Name (optional):

Dog or Bitch (please select *applicable* answer)

Neutered? YES or NO

Current Age:

Fauve's age when skin condition(s) first noticed?

Does your Fauve have annual vaccinations (e.g. Leptospirosis / Kennel Cough)? YES or NO

Has your Fauve been used for breeding? YES or NO

Please indicate each skin condition /symptoms your Fauve suffers with & their severity on a scale of 1 Least Severe to 10 Most Severe

Hair loss

Foul Odour

Inflammation/Redness

Itching/Scratching

Otitis/Ear infections

Licking/Chewing

Skin Sores/Lesions

Skin Changes (colour/texture)

Other (please state):

Have you discussed the skin condition with your Fauve's vet? YES or NO

If yes, please provide more information (e.g. diagnosis / age of Fauve at time of diagnosis):

Does your Fauve also suffer with other illnesses in addition to the skin condition(s)? YES or NO

If yes, please provide further information

Is the skin condition permanent or intermittent (e.g. seasonal)?

During which seasons/months does the condition occur or worsen (if at all)?

If your Fauve suffers itching/scratching, does this occur gradually over time or is it triggered suddenly?

GRADUALLY / SUDDENLY / NOT APPLICABLE *(please select applicable answer)*

If your Fauve suffers skin lesions, do they occur before any itching/scratching/chewing or after any itching/scratching /chewing or do they occur simultaneously?

BEFORE / AFTER / SIMULTANEOUSLY / NOT APPLICABLE *(please select applicable answer)*

Has your Fauve suffered any behavioural changes? YES or NO *(please select applicable answer)*

Is your Fauve on a flea/tick preventative treatment? YES or NO *(please select applicable answer)*

If yes, please confirm product & frequency/timing of treatment during the year:

Is your Fauve on a worming preventative treatment? YES or NO *(please select applicable answer)*

If yes, please confirm product & frequency/timing of treatment during the year:

Please indicate the type of food most regularly fed to your Fauve? *(please select applicable answer)*

Dry/Kibble

Wet/Tinned

Raw

Brand:

Brand:

Type:

Other (please state):

Please outline any changes to your Fauve's diet as a result of the skin condition including any supplements:

As a result of the skin condition(s), how do you rate your Fauve's quality of life?

Excellent / Good / Fair / Poor / Very Poor

PART THREE *(please complete a separate questionnaire for each Fauve with a DIGESTIVE CONDITION)*

Pet Name (optional):

Kennel Club Registered Name (optional):

Dog or Bitch *(please select applicable answer)*

Neutered? YES or NO

Current Age:

Fauve's age when digestive condition first noticed?

Does your Fauve have annual vaccinations (e.g. Leptospirosis / Kennel Cough)? YES or NO

Has your Fauve been used for breeding? YES or NO

Please indicate each digestive condition(s) your Fauve suffers with & its severity on a scale of 1 Least Severe to 10 Most Severe

Inflammatory Bowel Disease (IBD)

Pancreatitis

Gastroenteritis

Colitis

Megaesophagus

Irritable Bowel Syndrome (IBS)

Other (please state)

Have you discussed the digestive condition with your Fauve's vet? YES or NO

If yes, please provide more information (e.g. diagnosis / age of Fauve at time of diagnosis):

Does your Fauve also suffer with other illnesses in addition to the digestive condition(s)? YES or NO

If yes, please provide more information:

Is the digestive condition permanent or intermittent (e.g. seasonal)?

During which seasons / months does the condition occur or worsen (if at all)?

Has your Fauve suffered any behavioural changes? YES or NO

If yes, please provide more information:

Is your Fauve on a flea/tick preventative treatment? YES or NO *(please select applicable answer)*

If yes, please confirm product & frequency/timing of treatment during the year:

Is your Fauve on a worming preventative treatment? YES or NO *(please select applicable answer)*

If yes, please confirm product & frequency/timing of treatment during the year:

Please indicate the type of food most regularly fed to your Fauve? *(please select applicable answer(s))*

Dry/Kibble

Wet/Tinned

Raw

Brand:

Brand:

Type:

Other (please state):

Please outline any changes to your Fauve's diet as a result of the digestive condition including any supplements:

As a result of the digestive condition(s), how do you rate your Fauve's quality of life?

Excellent / Good / Fair / Poor / Very Poor