

## 2010 Health Update for Small Munsterlanders

Please fill out and submit this form for any significant change in your dog's health. A copy of your vet report outlining the health issue and any test results will be appreciated. If your dog remains healthy, submit a form when your dog turns 10 years and each year thereafter. Please use one form for each dog. Additional forms may be obtained by photocopying this form or at or at our Club web site at <http://www.smallmunsterlander.info/healthsurvey.cfm>

Name(s) of owner(s): \_\_\_\_\_

Owner(s) E-mail address/ phone #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dog's registered name: \_\_\_\_\_

Call name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Check: dog is living \_\_\_\_\_ deceased \_\_\_\_\_. If deceased, give age and cause of death. \_\_\_\_\_

Briefly describe any health problems and give approximate dates. If none, check here \_\_\_\_\_

Describe any health problems: \_\_\_\_\_

Do you have veterinary documentation? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, please attach.

Is your dog on medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give name of medication/s. \_\_\_\_\_

Has your dog required surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe surgery. \_\_\_\_\_

If spayed or neutered, age of sterilization \_\_\_\_\_

If a bitch, number of litters whelped \_\_\_\_\_ and number of puppies \_\_\_\_\_

Please submit this form to: Solon Rhode, Genetics Health Director, SMCNA, Inc.  
522 Bouplon Hollow Rd., North Bennington, VT 05257  
shrhode@yahoo.com