General information regarding this report will be included as a statistic in routine reports. Please complete the following sections to the best of your knowledge. Owner's telephone number: Owner's name: Owner's Email Address: Registered Name of Dog: Sex: Male Female ISWS Registration Number: Sire of Dog: Dam of Dog: Breeder of Dog: Health information may be shared with: Other, please specify: Littermate Owners Health Committee ISWS Members & Members email list BOD Public "Windhounds" email list Breeder All of the above Health Database/UCD Indicate whether the Health committee may use the following when sharing information or including it in the monthly report: Name of Dog May Use May Not Use Name of Owner May Use May Not Use We encourage contacting the breeder so that they may be informed of health related problems in their litters. Have you contacted the breeder? Yes Yes No If not, would you want the Health Committee to do so for you? If we receive a report from people who have dogs that appear to have the same health concern as your dog, may we give them your contact information? Yes No If we receive other reports of the same health concern you are reporting, would you like to be updated (the submitter must give permission for it to be shared before we can pass it along)? Yes No Health problem noted in your dog, please include testing done for diagnosis: Treatments or lifestyle changes that were recommended for this condition: Optional: Please share contact information of the veterinarian who diagnosed this condition.

Note: Contact information is for use by the Health Committee only regarding this report, and will not be given out without your permission.

Date:

ISWS - Voluntary Report of Health Issue