

SPAY / NEUTER FORM

If your Glen has been spayed or neutered, please fill in the boxes below, to enable us to monitor the reasons for spay / neutering.

Please provide the information requested in the shaded boxes below

If you need help with this form, please do not hesitate to contact the Health Representative

Please see page 2 for details of how to submit this form

Your name/s

Your Glen's details

KC registered or kennel name

Call name

Date of birth e.g. 01 Jan 2000

Sex

Colour

DOGS

Date of neutering:

OR Age at neutering:

Reason for neutering – please ✓ all relevant boxes below:

Owner choice Vet recommendation

Testicular cancer

Other reason [please specify]: _____

At the time of operation, were:

Both testicles descended into the scrotum Only one testicle descended Neither testicle descended

BITCHES

Date of spaying:

OR Age at spaying:

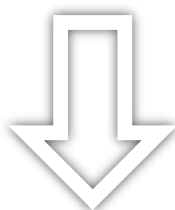
Reason for spaying – please ✓ all relevant boxes below:

Owner choice Vet recommendation Before first season Pyometra (womb infection)

Other reason [please specify]: _____

How many litters had the bitch whelped (given birth to):

0 1 2 3 4 >4



All information provided in this report will be kept in the strictest confidence
Statistical data from this information may be used for published health reports but
names will not be published in reports
Glen names & breeders' names and contact details are requested
so that any emerging trends from a particular kennel / line can be notified to the breeder

We would encourage you to provide yours, your breeder's and your vet's details below please

- Your details** If our health monitoring flags up any emerging trends, we may need to ask owners to help with any ensuing research projects
- Breeder's details** We have a duty of care to the breed to inform breeders of any trends that may be affecting their kennel / line
- Vet's details** We would like to send annual reports to vets known to have Glens on their books, to keep them informed of Glen health and any monitoring / research initiatives

Your details (optional)

Name/s _____
Address _____

Post code _____
Tel No/s _____
Email _____

Your breeder's details (optional)

Name/s _____
Address _____

Post code _____
Tel No/s _____

Your vet's details (optional)

Name/s _____
Address _____

Post code _____
Tel No/s _____
Email _____

*We appreciate you providing this information
and helping us to monitor the health of our lovely breed. Thank you.*

- You can save this form to your computer and send the completed record as an email attachment.
- Alternatively, please print off the form, complete it and send it, along with any supporting documentation e.g. copies of laboratory reports, to the Health Representative.
- If you prefer, please contact the Health Representative to ask for a 'Spay / Neuter' Form to be sent to you.

Mrs Alison Seall
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