

Clumber Spaniel Club

Breeding Survey

Please note that details of individual dogs will not be shared publicly and will only be used in confidence by the Breed Club's Health & Welfare Sub Committee.

Please complete and submit a form for each litter you have bred or attempted to breed.

Name of bitch

KC Registered name (optional)

Age of bitch []

Did the mating produce puppies? Yes No

If yes, how many live puppies were produced? []

How many puppies survived? []

How many stillborn puppies were produced? []

If no, please indicate below why puppies were not produced.

Did not take Yes No

Reabsorbed Yes No At how many weeks? []

Aborted Yes No At how many weeks? []

Other (Please state)

Listed below are some reproductive conditions. Please indicate if any of these conditions occurred.

Uterine Inertia Yes No

Physical Blockage Yes No

Emergency Caesarean Section Yes No

Elective Caesarean Section Yes No

Eclampsia (milk fever) Yes No

Mastitis

Yes No

Other (Please state)

Please indicate below the number of puppies affected by the following conditions that can be identified by 8 weeks of age.

Fading Puppies [] At what age? []

Monorchidism []

Umbilical hernia []

Crooked tails []

Cleft paletes []

Under shot jaws []

Over shot jaws []

Eye defects []

Other (Please state)

Please return completed forms to the Breed Health Co-ordinator: Mrs Carol Page
Post to: Micklemess, 20, Swanwick Lane, Swanwick, Southampton SO31 7HF
email to: carolpage@micklemess.net