

# 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](mailto:carolpage@micklemess.net)