

ATTENTION BOXER OWNERS

It has come to the attention of the Boxer Breed Council that an inherited heart condition, known as cardiomyopathy, is now occurring with increased frequency in the breed

The disease can affect dogs as young as a few months but typically is found in adults of a wide range of ages

The effects vary in severity from fast, irregular heart beats (arrhythmia) without obvious signs in some dogs, to fainting (without fitting), exercise intolerance, bloating of the belly, frequent cough, laboured breathing, and loss of weight ultimately leading to sudden death in others

* * * Treatments Are Available * * *

The Boxer Breed Council is eager to take actions that will deal with the problem

To achieve this it needs to have all possible cases seen by a vet, preferably with confirmation by a Cardiologist, and then reported with pedigree, either to the Cardiologist dealing with the problem

Dr Paul Wotton

p.wotton@vet.gla.ac.uk

or

the Geneticist

Dr Bruce Cattanach

Tel 01235 835410

bcattanach@steynmere.freeserve.co.uk

Written consent that the information can be used to help the breed needs to be given to the cardiologist or geneticist using forms they will provide

Confirmation of Diagnosis Form ~ Boxers
(upper section to be completed by owner)

Registered Name Pet Name.....

Date of Birth (D/B) Colour

Sire

Dam

Copy of full pedigree has been provided – Yes / No

Attending Veterinary Surgeon

Consulting Cardiologist

Date (month/year) of Final Diagnosis

Owner consent

I agree that stored blood samples may be used for genetic (DNA) research

I agree that the above information, along with relevant clinical details, may be shared with other researchers / geneticists for the study of dilated cardiomyopathy in Boxers. I am aware that this information may be published, but without names of owners.

Owner Name / Address (please print)

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Signature Date

Confirmation of Diagnosis (to be completed by Cardiologist)

I have examined the above-named Boxer and/or examined its veterinary records and confirm that the clinical signs and results of diagnostic tests are consistent with cardiomyopathy.

Cardiologist Name / Address (please print)

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Signature Date

Please return the completed form to: Dr B M Cattanach, Downs Edge, Reading Road, Harwell, Oxfordshire OX11 0JJ