



Registered charity in England  
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September 2011

Dear

Thank you for your enquiry about adopting a galgo (Spanish bred greyhound).

Please read through this information and when you feel ready, kindly complete the questionnaire attached at page 2 and return it to us and then we will be able to start the adoption process by arranging a home visit. Please do not complete the Homing Agreement attached at page 3 - this is for your information only at this stage.

Please note that all the galgos we rescue are tested for diseases that occur in Mediterranean countries and that are not commonly known or endemic in the UK. Although the galgos brought to the UK test negative for these diseases, it is interesting to know about them and details can be found on our website [www.greyhoundsinneed.co.uk](http://www.greyhoundsinneed.co.uk) The four main diseases are Leishmaniasis, Babesiosis, Heartworm and Ehrlichiosis. We enclose a technical paper which could be of interest to your veterinary surgeon.

We feel it is fair to point out that in line with other welfare groups who do similar work, we would appreciate a donation of at least £125 on adoption of one of our galgos, to enable us to continue to take in, maintain and prepare for adoption (with vaccination, dental cleaning, sterilisation etc) more dogs in need.

With best wishes,

The Trustees of Greyhounds in Need

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*Founded by: Anne and Arthur Finch*

*Trustees: Carl Boyde MRCVS, Terrance Dickens, Martin Humphery, Liz Mason*

*General Manager : Carolyn Davenport      Treasurer: Geoffrey Levy FCA*

*GIN Shop (Bournemouth): Sue North      GIN Shop (Brighton): Christine Page*

*Homing UK: Pat Whipps      Webmaster: Leigh Dworkin*





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**'GREYHOUNDS IN NEED' (GIN) HOMING AGREEMENT**

In respect of the following Galgo: -

Pet Name	Microchip number	D.O.B	Colour / Sex	Last Vaccination date	Origin / Trainer	Date of neutering/ last season

*Thank you for giving a home to this Galgo. The dog may have been rescued from abandonment, may have suffered cruelty or become unwanted due to domestic upheaval. Strenuous exercise may exacerbate old injuries. Most of these dogs have never been in a home before. As we do not know their entire history, we can give no assurance on any aspect of their temperament or long-term physical condition. Please refer to our "Guidance Notes for Greyhound owners"*

- 1. I am the new owner of the dog whose details appear at the head of this Agreement.*
- 2. I acknowledge that I have received a copy of GIN's "Guidance Notes for Greyhound Owners" and that this will be my guide in assuring a long and healthy life for my dog.*
- 3. I have made a donation to GIN (minimum £125) on adopting this dog as my contribution to the costs of sterilisation and other expenses. I accept full responsibility for all regular and emergency veterinary treatment.*
- 4. I agree to consult GIN if I need further help or guidance and that, if necessary for this purpose, I will allow a representative of GIN to inspect the dog. Should the dog go missing I will inform the council dog warden, the police and GIN.*
- 5. I understand that, in the event of my being unable to meet essential veterinary expenses, GIN will, on application by me, give consideration to financial assistance. Any such assistance, and its amount, will be at the absolute discretion of the Trustees of GIN and will be affected by my having reasonable pet insurance in place.*
- 6. I will take good care of the dog as a respected family pet inside my home. It will not be raced, bred, used for blood donation, or sold. In the event of my being unable to continue to give the dog a home I will consult GIN regarding the dog's future.*
- 7. It is a legal requirement that the dog shall wear an identity disc carrying his/her address, **at all times**.*

Signed	Date
Name (please print)	
Address (please print)	
Telephone	Email
Signed on behalf of "Greyhounds In Need"	Date

White copy – New Owner

Green copy – Homing Officer

Pink copy - Head Office

**The Galgos (breed name galgo español)** are Spanish bred greyhounds used widely by hunters in the rural areas of Spain, for coursing the hare with betting but the season is only 4 months after which time they are abandoned or brutally killed. Many have not been handled kindly, some have suffered victimisation in overcrowded shelters in Spain, making them wary of other dogs, and some need gentle socialisation and a lot of reassurance that they are never going to be hungry or hurt again. They were rescued in the first place by volunteers who themselves suffer the hostility of their own countrymen for showing such concern and care.

**Galgos for homing in the UK** - a question often asked is "how does the adoption process work"? On receipt of a completed questionnaire our homing officer will contact you and arrange for a home check to take place. It is only after a successful home check that "would be" adopters are told which dogs are still available. Once a dog is chosen and reserved there is nothing more for the adopter to do until the galgo arrives in the UK and our Homing Officer contacts them with news of their reserved galgo.

Throughout the time from initial contact to adoption many questions are asked and advice sought, especially by "first timers". Some of the points raised are:

**Toilet Training:** Dogs straight from kennels are not toilet trained, but it shouldn't really take long if handled with sensitivity. They want to get it right but when they first arrive home they don't know where the back door is and might have a few accidents while learning.

**Living with other pets:** Many Galgos will accept cats and other small animals with no problem at all. Many others will accept and adapt to living with cats, etc. quickly once they have learned their boundaries. It is usually down to careful introduction initially and owners carefully supervising "dog and cat together time". This is one of the reasons why when you collect your new dog you are given a muzzle in addition to a collar and lead.

**Living with babies and children:** There is no reason why dogs and babies should not co-exist happily and safely. If you are expecting a new baby start training your dog to stay out of any "no go" areas of the house as early as possible. Introduce new items such as cots, car seats, prams etc as early as possible in order to get the dog used to them. It also helps if you can get a recording of baby sounds so that when the baby arrives the dog will not find it strange. **NEVER** leave a baby alone with a dog however much you think you can trust the dog. **ALWAYS** praise and reward your dog when it behaves well around the baby so it will accept the baby is nice to have around. As children grow they should be taught to respect the dog, never touch it suddenly, especially if it is asleep, not to pull it's tail or poke little fingers in eyes and always to allow it to have it's own space. Galgos often become a child's best friend.

**Generally:** A greyhound collar should be put on high up the neck at the narrowest point and fit snugly. It is a good idea to have a house collar which remains on at all times—inside and outside complete with ID tag which has your name, address and telephone number. It is a legal requirement for an ID tag to be worn at all times. For nervous and/or strong dogs a harness should be used in the early days after adoption.

Of course you have to leave your dog at home while you go to work, go shopping or other places that a dog cannot go. When your dog is new to the family routine he needs to learn that when you go out you do come back so try not to leave him too long at first. Try going out and returning after about 5 minutes at first, then 10 minutes and then longer. Most will learn quickly but do remember that they will need a toilet break and cannot last all day. Give your dog proper care and you will have a friend for life. Sometimes helps to have two.

**Potential diseases in dogs:** There are three major infections affecting dogs in the UK today - **PARVOVIRUS**, **HEPATITIS** and **LEPTOSPIROSIS**. All should be controlled by vaccination. All our galgos are vaccinated before leaving Spain -these must be kept up to date. Please consult your veterinary surgeon.

**Worming:** - Adult dogs should be wormed every six months.

**2011**

## FOR THE INFORMATION OF YOUR VETERINARY SURGEON

When you adopt your galgo from Spain it is previously tested for diseases that occur in Mediterranean countries and that are not commonly known or endemic in the UK. Although the galgos brought to the UK test negative for these diseases, it is interesting to know about them. The four main diseases are Leishmaniasis, Babesiosis, Heart worm and Ehrlichiosis. The aim of this report is not to make you worry about these diseases but only to make you aware of the existence of these diseases.

### **Leishmaniasis:**

#### Causing agent:

Small protozoa called *Leishmania infantum*. Although there are many other species of *Leishmania* that can infect other animal species.

#### Geographical distribution in Europe:

*Leishmania infantum* can be found in Spain in the Mediterranean coast, south coast and some central regions like Madrid, in most of the parts of Italy, being more predominant in the southern regions and Sardinia and in Mediterranean coast of France.

#### Transmission:

The *Leishmania* parasite is transmitted to the dog by the bite of the sandfly when feeding on the dogs' blood. The most common time of the year for the sandfly to feed on the dog is from April until late September. Sandflies are weather dependent and are more predominant near water sources like rivers. The incubation period can take from 3 months to several years. Leishmaniasis is a zoonotic disease; this means it can be transmitted to humans by the sandfly as a vector, so the dog can act as a reservoir for the parasite. This transmission can happen in countries in Southern Europe where the sandfly is present; however the clinical signs would not be like the dog's clinical signs.

#### Clinical signs:

Leishmaniasis can have many different clinical signs like dermal lesions (Dermatitis), abnormal nails growth, decreased appetite and weight loss, exercise intolerance and lethargy, vomiting and blood found in the stools. However the most common ones are Epistaxis (Nose bleeds), ocular abnormalities and renal (Kidney) failure. On clinical examination enlarged lymph nodes and spleen can be observed. Renal failure due to immune-complex glomerulonephritis eventually develops and is believed to be the main cause of death in dogs.

#### Diagnosis

By blood test to detect *Leishmania* antibodies (ELISA test); more complex tests for identification can be done like a PCR test.

#### Treatment and prevention:

If the dog shows any of the clinical signs found above and it has been in an endemic area it should be taken to the veterinarian and let the veterinarian know in which country the dog has been to. The main drugs used for the treatment of leishmaniasis are the pentavalent antimony meglumine antimoniate (Glucantime®) and allopurinol.

Miltefosine (Milteforan®) is a relatively new anti-leishmanial drug that can be used for the first month of treatment in combination with allopurinol instead of meglumine antimoniate. Amphotericin B is also used but it is highly nephrotoxic (Toxic for the kidneys). These treatments are often designed to improve the dog's condition temporarily but sometimes the disease can reoccur. The treatment does not eliminate the parasite. Keeping infected dogs where the sandfly is present needs to be thought about as a treated dog is considered as a carrier and can transmit the parasite via the sandfly to other dogs and people.

In endemic countries dogs are given topical insecticides in Deltamethrin-impregnated collars or spot-on drops to reduce the number of sandfly bites. In Brazil a new vaccine has been approved that is currently being evaluated in some countries in Europe.

### **Babesiosis or redwater:**

Causing agent:

The *Babesia* species. A protozoa organism that parasites the erythrocytes. The most common species that causes canine babesiosis are the *Babesia canis* and the *Babesia gibsoni*.

Geographical distribution:

Present worldwide including in some parts of the UK and in Europe particularly in Southern France.

Transmission:

Between animals by ticks when feeding on the dog's blood, the longer the tick feeds the higher the chances of passing the *Babesia* to the dog and by contaminated instruments and needles.

Clinical signs

The clinical findings and the severity of these can vary. The most common symptoms are pale tongue, gums and nose due to low number of red blood cells, fever, loss of appetite, lethargy, red or orange urine, enlarged lymph nodes. The most severe infections are called peracute infections and show typical symptoms of a hypotensive shock; pale membranes, tachycardia, weak pulse and depression this associated with organ dysfunction leads to coma and death. Acute infections signs are fever, anaemia, jaundice, inappetance, weakness and sometimes death.

Diagnosis:

By blood test. Directly seeing the parasite using a stain or by using the serological IFAT test that detects antibodies in the blood serum

Treatment and prevention:

The dog should be taken to the veterinarian to get a correct diagnose and treatment. There are several drugs that can be used to treat the dog after been correctly diagnosed. These are imidocarb, phenamidine, and diminazineaceturate. If the dog has a severe anaemia blood transfusion should be considered.

In order to prevent tick bites the dog and the dog kennels should be treated with an appropriate acaricide. A vaccine that protects the dog for 6 months has been recently developed and it is used in Europe.

## Heart worm disease or canine heartworm

### Causing agent:

*Dirofilaria immitis*. Is a filarial worm that as an adult lives in the cardiovascular system, in the right ventricle, right atrium, pulmonary artery and posterior vena cava. The final host are dogs, wild canids and sometimes cats and ferrets

### Geographical distribution:

Warm-temperature countries and tropical zones. In Europe countries like Spain and France. There have been some cases in the UK of animals who have travelled abroad.

### Transmission:

Transmitted by mosquitoes of the genera *Aedes*, *Anopheles* and *Culex*. The female mosquito bites taking blood from an infected animal, after two weeks the mosquito carries the larvae in the mouth parts and bites another animal. The larvae develop in the host system and migrate to the heart vessels.

### Clinical signs:

Clinical signs start when there are a high number of worms obstructing the blood flow. This causes endocarditis and dead worms in the system can cause pulmonary embolism. Heavily infected dogs suffer from loss of condition and exercise intolerance. It is common to observe a chronic cough and breathlessness.

### Diagnosis:

The dog should be taken to the veterinarian where it will have a blood test or an x-ray done. There are ELISA kits that will detect heartworm antibodies or more sophisticated techniques such as PCR.

### Treatment and prevention:

Once the dog is diagnosed before dealing with the parasite the dog may need to be treated for cardiac insufficiency. Then the dog will get two injections of either thiacetarsamide or melarsamide over the period of two days to kill the adult worms. The activity of the dog should be restricted for the following 2-6 weeks to avoid risk of pulmonary embolism as a result of the dead worms in the system. Six weeks after the initial treatment drugs to kill the remaining microfilaria will be given. The treatment period can go up to two weeks depending on the drug administered. The most common drugs used orally are dithiazanine iodide and levamisole.

To prevent heartworm infection can be done in two ways. Preventing the mosquitoes biting the dog, this can be hard to do because of the pet habits or giving the dog oral preventative tablets. Ask your veterinarian for advice of the drug to use and the frequency of administration.

## Ehrlichiosis

### Causing agent:

A bacterium from the Rickettsiaceae family called *Ehrlichia canis*. This bacterium infects dogs but other *Ehrlichia* species can infect humans and other animal species.

### Geographic distribution:

Worldwide distributed.

### Transmission:

By *Rhipicephalus sanguineus* tick or brown dog tick. The tick larvae and nymph feeds on an infected dog and when adults feed on a new dog transmitting the disease.

### Clinical signs:

The clinical signs vary depending on the stage of the infection. In the acute phase the clinical signs can vary, the signs can be depression, lethargy, anorexia and pyrexia and weight loss. Specific signs are enlarged lymph nodes and spleen, occasional epistaxis (nose bleed) and petechia (blood spots in the skin). In the chronic severe form the symptoms will be the same as in the acute form but more severe. Systemic signs can be haemorrhage, shock and multi-organ failure.

### Diagnosis:

By clinical presentation, pathological findings (*E. canis* invades mononuclear cells, there is an increase on platelet number, mild leucopenia and anaemia) and serology through a blood test using ELISA or IFAT test.

### Treatment and prevention:

Once the disease has been diagnosed there are several drugs that can be used such as Doxycycline, tetracycline hydrochloride, oxytetracyclin and chloramphenicol. The dose and time of treatment depends on the drug used.

There is no vaccine therefore the best way to prevent the disease is by using acaricides that will prevent the tick from feeding on the dog.

Please remember that the galgos have been negatively tested for these diseases however if you travel to an endemic country or you think that your galgo has any of the clinical signs shown above take the galgo to the veterinarian as soon as possible.