

THE Irish Wolfhound Foundation



Focus

Summer 2014

The Irish Wolfhound Foundation, Inc.

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The Irish Wolfhound Foundation is a 501(c)(3) charitable organization. Your donation is tax deductible to the full amount allowed by law.

Focus

Audrey St Clair, Editor
537 Hackman Rd.
Lititz, PA 17543
thecoopersinn@aol.com
717-626-2658

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Help make this our best year ever!

Include the Foundation in your annual giving program. With your help, we will continue to build on health studies, and to offer programs that inform, educate, and inspire the caretakers of the breed. Include the Foundation in your planned giving. Your bequest or other donation will help us establish a self-perpetuating source of income designated for Irish Wolfhound health research, education, and rescue. Participate in the health programs and studies sponsored by the Foundation, showing your commitment to a healthy future for our hounds. Get involved! The membership form is on the back page.



Heart Testing this Spring

Submitted by Frances Abrams

Potomac Valley invited us to test at their show this year. It has been a few years since the IWF did EKGs at PVIWC and we had not done echoes but Dr. Bill Tyrrell was game and wanted to include his partner, Dr. Steve Rosenthal. Steve just completed a study to determine the normal levels of blood biomarkers and wanted to do the same for Irish Wolfhounds. He even had a sponsor willing to pay for the testing. Since a biomarker for cardiac risk would be of value to the breed the IWF decided to go for it. We needed blood tests on 100 Irish Wolfhounds. With two specialties coming up, and two good cardiologists to double the rate, what could go wrong?

I hate to go through the whole list but weather and our own lives made for a challenging month before and between the two shows. Thanks to a bunch of really great volunteers, we got very close to the target 100 dogs. The results will be in soon and those of you who participated in the biomarker study will get results soon.

The "dry run" was PVIWC. (the only dry thing about the 2014 PVIWC show!) Bill and Steve brought three technicians and, with 27 dogs, it was evident that the major slowdown was my ability to handle paperwork on multiple studies. Jeanne Patterson helped me automate the form filling process and developed a whole new set of forms. The IWF bought a computer and printer. By the IWCA Specialty, I could generate forms for 5 studies in the time that it took to fill out one and we could read them!

MB Kinsella-Topping lined up volunteers prior to the show and the result was overwhelming. Big thanks to Jimmy and Jeri Glynn (and MB) who ran the "taxi" service between show site and testing clinic. The amazing Ron Rutter volunteered to help in return for a

wolfhound "fix". Ron located supplies for us, held lots of dog and brought delicious homemade dog treats. More than one dog was ready to leave with him.

Dr. Joanne Buehner Brown, after running the obedience and rally events, ran the eye clinic and helped Kelly with blood draws and Mariellen with EKGs. Joanne never fails us at these events. She helped pull some blood at Potomac Valley, too.

My administrative assistants, Eugenia Hunter and Audrey St. Clair managed the flow and kept track of payments. We also had Audrey's daughter and granddaughter, Dale and Andrea Keeney, helping with the flow, the forms and holding dogs.

I'm not sure of all the people who contributed to the sugar and caffeine high. Jimmie and Jeri brought us pastries each morning and kept the coffee pot filled. Beth and Debbie Chastain brought lunch for the volunteers each day. Randy Valenti brought us candy and someone else (Deborah Sanders, I think) found a huge container of Almond Roca. I know the Diet Coke addicts got their fix as well.

Randy and Jimmy continued to drum up business for us throughout the show, making innumerable trips up and down the hill. A long list of volunteers helped with holding dogs: Mike Cherry, Sascha Buntjer, Tamara Dunn, Deborah Sanders, Eliza Gordon, Jeanie Pitzenberger, Mel Mercer (who also drew some blood), Barb Patterson and Courtney Smith. MB even brought them in from Australia (Amy Andre).

Finally, these clinics would be nothing without the professionals who take their "days off" and fly to wherever we are to test our dogs at half pay. Bill and Steve, and their top notch technician, Kelly Cramer did echoes and blood draws. Dr. Ben Johnson did all the

eye testing. Topping the list is my co-pilot and mentor Dr. Mariellen Dentino, who has done thousands of EKGs on Irish Wolfhounds over the past 20 years and still wants more!

I'm sure I didn't get everyone. I am still looking for the person who loaned me a larger cooler for the DNA blood draw.

We ended up with 92 dogs in the biomarker study and, once the

data has been analyzed, we may need to get a few more. However, the Echo/EKG study has now hit 500 dogs and Bill is preparing a major presentation for next year's ACVIM meeting. A publication is in the works. We will be out again this fall in Canada and Delaware Valley. There are plans for gathering data on the West Coast, too.

Age	Male	Female	
<2	2	2	
2-3 yrs	4	13	
3-4 yrs	5	5	
4-5 yrs	7	6	
5-6 yrs	1	4	
6-7 yrs	1	1	
>7yrs	4	8	
Totals	24	39	63
Normals	6	16	
Equivocal IWH Type DCM/lone AF	2	0	
IWH Type DCM	2	5	
VPCs	3	1	
Pericardial effusion/aortic tumor	0	0	
Equivocal aortic stenosis	0	0	
True Dilatative type cardiomyopathy	0	0	
Degenerative valve disease/incidental findings (normal)	11	17	
	24	39	63

Note: 3 normal dogs did have high normal LVOT flows

Age	Male	Female	
<2	0	0	
2-3 yrs	2	9	
3-4 yrs	1	1	
4-5 yrs	0	0	
5-6 yrs	2	3	
6-7 yrs	1	1	
>7yrs	1	6	
Totals	7	20	27
Normals	3	9	
Equivocal IWH Type DCM/lone AF	0	1	
IWH Type DCM	0	3	
VPCs	1	2	
Chemodectoma	0	1	
Equivocal aortic stenosis	0	0	
True Dilatative type cardiomyopathy	0	0	
Degenerative valve disease/incidental findings (normal)	3	4	
	7	20	27

Cardiomyopathy in Irish Wolfhounds

by William D. Tyrrell, Jr., DVM, DACVIM (Cardiology)

The most common form of heart disease in the Irish Wolfhound (IWH) is dilatative type cardiomyopathy (DCM). Greater than 99% of IWH with DCM will have concurrent atrial fibrillation, an arrhythmia affecting the top chambers of the heart called the atria. The IWH with DCM typically has a higher survival rate than in breeds such as the Boxer, Doberman and Great Dane with heart disease.

In a 2000 article in the Journal of the American Animal Hospital Association, 50% of the IWH diagnosed with cardiomyopathy survived greater than 15 months of time. Clinical signs of heart disease in the IWH typically relate to both the onset of atrial fibrillation (irregular heart rhythm) as well as left-sided congestive heart failure, e.g., fluid in the lungs or pulmonary edema. The arrhythmia, atrial fibrillation, is characterized as a rapid irregular rhythm disturbance and can be analogous to sneakers in the clothes dryer or jungle drums. The IWH affected with atrial fibrillation is typically exercise intolerant, weak or just "off." The owner may note a decrease in appetite or lack of desire to go on walks. Occasionally, fainting with exertion may also be noted. Clinical signs relating to left-sided con-

gestive heart failure include labored and rapid breathing, coughing, and exercise intolerance. One may also note that their IWH will not lie down on their side (lateral recumbency) and will sit or lie upright (sternally) as this is easier for them to breathe.

The North American experience with IWH-type DCM is a little different than what is often seen in other commonly affected breeds. The left atrium is typically moderately to severely dilated and the left ventricle is only mildly to moderately enlarged. Furthermore, the left ventricle's systolic function or pumping ability is usually not severely depressed as in other canine breeds with DCM. Right-sided congestive heart failure (fluid in the chest or belly) can uncommonly occur very late in the stage of DCM.

Treatment is dependent on the stage of the disease. Early detection and early medical intervention has been shown to prolong the lives of IWH for years. Your IWH should be examined at least yearly by your veterinarian, and as they progress in age over 4-5 years of age, twice yearly examinations are recommended. If your veterinarian hears an arrhythmia or heart murmur, consultation with a veterinary cardiologist, if possible, is further recommended. Medication can both improve overall quality and duration of life.

Medical therapy is aimed at the following:

Arrhythmia control: Medications such as Digoxin, Atenolol, Sotalol or Diltiazem are often used to help slow the overall heart rate of atrial fibrillation. A target resting heart rate in the home environment of less than 100 beats per minute is desired with appropriate dosing. Monitoring of your IWH's heart rate and rhythm at home is a great way to help your veterinary cardiologist treat your IWH's heart disease.

Congestive heart failure treatment: Medications such as Pimobendan (Vetmedin®) and an ACE inhibitor, such as Enalapril or Benazepril, help to both improve the strength of the heart muscle and to dilate the arteries in the body, thus improving the overall efficiency of the heart as the blood pump it is meant to be. There are small studies indicating that the use of Pimobendan prior to congestive heart failure may help improve overall survival time in the IWH.

Diuretic therapy: Lasix® (Furosemide) and Spironolactone are common diuretics used to help alleviate the fluid or congestion in the lungs secondary to left-sided congestive heart failure.

Of course, the ultimate and overall prevention of the disease is what is most desired.

Breeding: Careful selection of a breeding pair with examination of the pedigree for a history of heart disease is always prudent. Lastly, assuring your IWH is not currently affected with DCM or atrial fibrillation prior to breeding is paramount.

IWF Sponsors another Successful Clinic

This is a summary of the results from the eye clinic on April 30, 2014, performed at the Irish Wolfhound National Specialty, at Purina Farms, Missouri submitted by Ben Johnson, D.V.M., Diplomate, ACVO from Animal Eye Associates of St Louis Missouri.

32 total dogs were examined
 21 females, 8 males, and 3 unidentified
 12 females, 2 years of age or younger were examined, all were normal
 8 females, 3 through 7 years of age were examined, 6 were normal and 2 had abnormalities noted
 1 female, was examined over 7 years of age that had abnormalities noted
 6 males, 2 years of age or younger were examined, all were normal

(Continued on page 4)

IWF Supports New Heart Research

IWF Health Research Committee member Dr. Janice Bright is studying a new combination of drugs to treat arrhythmia and heart failure, potentially enhancing quality of life for affected dogs. Given the prevalence of heart disease in our breed, the IWF is supporting this study via a directed donation to the Canine Health Foundation. More information on the study can be found on the Canine Health Foundation website. We look forward to hearing the results of this study.

New Osteosarcoma Study at UPenn

Dr. Nicola Mason, BVetMed, PhD at the University of Pennsylvania has started a new clinical trial for osteosarcoma patients which, unlike her first study, does NOT require amputation or diagnosis by biopsy. Criteria for inclusion include "dogs with suspected early OSA based on breed, clinical signs and radiographs." Dogs should be otherwise healthy and not have received any treatment for their osteosarcoma prior to entering the study. A link to full details is available on the IWF website www.iwfoundation.org in the News section.

Why do we need the Foundation?

The Irish Wolfhound Foundation exists today due to the vision of the IWCA Board of Directors. They foresaw the desirability of creating a separate, tax-exempt, self-governing entity whose primary mission was to promote the health and welfare of the Irish Wolfhound.

As a 501(c)(3) charitable organization, the Foundation is able to raise and allocate funds for IW health research, education, and rescue, while providing tax advantages to benefactors. In 2002 the IWF incorporated The IWCA Riverlawn and Research Funds and a generous bequest from the late Phillippa Crowe, one of the Foundation's leading proponents and its first president, to serve as its financial cornerstones.

pupillary membranes both eyes and a linear area of retinal degeneration right eye only. The persistent pupillary membranes have been present since birth. The significance of the linear retinal lesion is unknown. The lesion is either a degenerated retinal fold/retinal dysplasia or old inflammatory lesion.

* 3 year old male had two overlapping circular inactive chorioretinal scars right eye only. The appearance of the lesion was most typical for a previous inflammatory lesion of the retina.

2 year old male dog had a single tissue tag along the left pupil margin, possible collapsed iris cyst

Editors note: Thank you to all participants you made this a tremendous success. Also a big thank you to all the volunteers who without them this could not have happened.

*Participants please check your forms to see if you missed filling in the sex of your dog.



As part of their education program "Your Dog's Blood and Our Molecular Genetic Studies for the Benefit of Irish Wolfhounds" was presented by Margret Casal, DVM, MS, PhD. at the 2014 IWCA National Specialty. Dr. Casal has been working with the Irish Wolfhound Foundation on the creation of an Irish Wolfhound DNA database. She has been using that data to investigate the genetics of epilepsy, primary ciliary dyskinesia, chronic pneumonia and cancer in the Irish Wolfhound. She explained how your dog's blood is converted to data and how that data is being used by researchers to link molecular genetics to disease and health in our breed. She also explained how people also benefit from research with dogs, ie: humans with the same disease, help for our breeding programs, and help for our screening programs.

Clinic (Continued from page 3)

2 males, 3 through 7 years of age were examined, 1 was normal and 1 had an abnormality

3 dogs, did not have their sex identified, all 3 were 3 through 7 years of age, 2 was normal, 1 had an abnormality noted.

Of the abnormalities noted only 1 dog had what Dr. Johnson considered to be a significant genetic problem. A 4 year old female had bilateral posterior subcapsular incipient cataract formation.

5 other dogs had minor abnormalities.

* 4 year old dog of unidentified sex had multiple pigmented tags along the pupil margin of both eyes emanating from the posterior iris/significance unknown

* 4 year old female had 2 iris cyst right eye only

* 7 year old female had prominent iris to iris sheet persistent

IW Foundation Rescue Grant Report

From January 1st, 2014 through May 16th, 2014, we have had 2 Rescue Grant requests.

1. Spay costs for a female hound - \$450.00
2. Neuter costs for a male hound - \$305.00

Again, these costs were shared with the Irish Wolfhound Club of America Rescue Fund.

Thank you!

Jean A. Minnier

IW Foundation & IWCA – Rescue Chair

The Irish Wolfhound Foundation, Inc.

Treasurer's Report

Balances are as of 4/07/14

\$168,684.15 General Fund

\$95,524.81 General Endowment Fund

\$23,552.99 Rescue Endowment Fund

2014 Disbursement total \$6,554.00

2014 Receipts total \$40,435.50

IWF Research Committee Members

Mariellen Dentino, MD, Chairman

Janice M. Bright, BSN, MS, DVM, DACVIM

Margret Casal, Dr. Med Vet, PhD, Diplomate EUCAR

Anne Janis, MS

Nathaniel B. Sutter, PhD

Alice Timmerman, DVM

William D. Tyrrell Jr., DVM, DACVIM

Frances Abrams, PhD, Administrative Coordinator Frances.abrams@att.net

Presidents Message

Spring/Summer 2014

Just a quick note of thanks to all that worked on the 2014 National Specialty, another successful event! This year headed up by Show Chair Linda Souza along with all her hard working committees, a job well done! As always, I also would like to thank the IWCA for including the Foundation in its fundraising efforts through the live and silent auction, as most know the IWF receives 40% of the proceeds of this event. The auction committee headed up by Lisa Telthores did a wonderful job to create a fun evening for all; kudos to those that donated items as well as all the bidders.

Have a great summer!

Regards,

Doug Marx – IWF President

The Irish Wolfhound Foundation

The purpose of the Foundation is to promote the appreciation, knowledge, and understanding of Irish Wolfhounds by raising and allocating funds for research, education, and rescue.

An Engineer's Guide to Basic Cardiology (Yours and Your Hound's)

by Frances Abrams, PhD

How It Works

The heart is a pump. It takes blood from the body, sends it to the lungs, takes it back from the lungs and sends it to the body. Like most pumps, it has a controller, in this case a series of electric impulses from the nervous system. This controller manages the rhythm and the rate of the pump. When it is working properly the heart is said to be in sinus rhythm.

The pump also has a mechanical means of pushing fluids from one place to another (the muscles surrounding the chambers of the heart) and some holding chambers for transferring fluids (the chambers of the heart) with valves to control the direction of flow.

There is a phase in which the heart muscles are contracting and pushing blood out (systole) and a phase when the muscles are relaxing so that the pump can fill with blood (diastole). Muscles that are too weak or stretched will not be able to push as much blood through the heart. Also important to blood flow are the large sophisticated pipes, the connecting blood vessels, such as the aorta, leading in and out of the heart.

The heart, whether yours or your dogs, is a reliable well-tested design. However, like all pumps, it can fail. There may be “manufacturing defects” and parts will wear out. There is a limited warranty contained in the genome, influenced by the amount of work and abuse the heart sees. Fortunately, although we cannot yet order up spare parts, there are things we can do to detect and combat wear and tear on this important organ and to stretch its life past the warranty. With our breed, relatively few dogs have defects at birth (congenital). Most heart disease in the Irish Wolfhound is hereditary but develops over time (developmental) and commonly does not show up for 5 to 6 years.

A good thorough cardiac examination at age 2 or 3 provides a baseline with which to mark the original condition of your dog's heart. Repeating the exam, or at least parts of it, on a regular basis allows early detection of changes to the heart and treatment to increase length and quality of life.

Measurement and monitoring

Since we cannot take the heart out of an animal for testing, we rely on indirect methods of determining how it is working. Each part of a cardiology exam provides a slightly different look at the overall system and, using them in combination, gives the complete picture of heart health. Knowing the systems that are most likely to fail is a real asset in this case. Each breed has a set of typical problems, and seeking out a cardiologist who has experience with your breed is valuable. Knowing the normal heart rate at home where he is relaxed is invaluable. An increase in heart rate is often the first sign of stress.

Auscultation is when your veterinarian uses a stethoscope to listen to the sounds the heart makes while working. Abnormal sounds (called murmurs) may indicate leaks or turbulence in the flow of fluids. Some murmurs are benign, but some may indicate a need for further investigation. Auscultation can also detect certain kinds of changes to the rhythm of the heart that may indicate an electrical problem. The advantage of auscultation is that the tool (stethoscope) is available to anyone and is relatively inexpensive. It is a totally non-invasive procedure that most dogs tolerate well.

However, some practitioners are more skilled at interpreting the sounds they hear and some have better hearing. Auscultation is an imprecise tool, especially in the hands of inexperienced practitioners and those of us who are simply tone deaf.

The familiar x-ray is a good tool for looking at the size and shape of the heart and for fluid build up around the heart. An x-ray is a static picture and best used in conjunction with other information. The dog must lie still, sometimes in an uncomfortable position and usually in an uncomfortable place. Radiographs can be stressful for the dog. Some veterinarians, on seeing an Irish Wolfhound heart for the first time, and knowing the tendency of the breed to cardiomyopathy, will assume that the heart is dilated just because it is so much larger than they are used to seeing.

Often shortened to “echo” by veterinarians and sometimes referred to as cardiac ultrasound, an echocardiogram is the gold standard of diagnostics in veterinary cardiology. Sound waves are directed into the body using a transducer, or probe. These sound waves then interact with the tissues in the body. Some of the sound waves are reflected back to the transducer. By analyzing these reflected

sound waves, the ultrasound machine is able to create images of the heart that are then displayed on the monitor. This allows the cardiologist to see a picture of the heart muscle, the heart valves, the great arteries in action and to see the blood flowing through the heart. Key dimensions can be directly measured, including the volume of each contraction and can be compared to norms for the breed and age. Leakage and turbulence around valves can be detected, and this is a good way to check to see if a murmur is benign.

An echo is about the same as auscultation as far as the dog is concerned. Alcohol and ultrasound gel are applied to the fur on each side of the chest either with the dog in a standing position or lying on its side. The examiner moves the probe that is about the size of a screwdriver handle, around the chest and looks at the image on the screen, snapping stills at the peak of expansion (diastole) and contraction (systole) of the heart and looking at the heart chambers and major blood vessels.

An echo should be done by a board certified cardiologist, preferably one who has experience with Irish Wolfhounds. While the procedure may appear simple in concept, getting a good image depends on the orientation and location of the probe and the timing of measurements. You know your dog best but if it is easily upset by separation or sensitive to strangers it may do better if you can stay with it during the examination. An important thing to ask when you schedule the appointment is whether they do echoes standing or lying down (many wolfhounds are more comfortable standing). Ask the practice how many echoes they do and how often they see Irish Wolfhounds.

The EKG (electrocardiogram) is another non-invasive test. This is a test of the electrical system, however, rather than a picture of the heart. Four electrodes are attached to the four limbs of the dog, and a little alcohol or gel is added to get good conduction through the skin. Then the electrical potential between each combination of electrodes is measured for a period of time to get a tracing of the electrical signal over time. This also can be done either standing or lying on the side. It is usually easier to hold an Irish Wolfhound still when standing, as they feel comfortable in that position.

The EKG provides a quantitative measure of the length of time each part of the pump cycle is taking and also shows how well the “wiring” is working. If electrical pulses are not properly coordinated or come out of sequence, the heart may be beating but not providing good pumping action. While this is often visible during an echo, the EKG provides more information on why a heart may look uncoordinated. Sometimes these faults in the electrical system lead to the structural faults seen in echoes.

Electrical faults may be continuous or intermittent. In Irish Wolfhounds, by far, the most common continuous fault is atrial fibrillation. An intermittent fault that sometimes shows up is a ventricular premature contraction (VPC). The latter may not show up in the relatively brief recording (usually less than a minute) of an EKG. Under certain conditions, a cardiologist may suggest a longer recording or a 24-hour monitoring with a device called a Holter monitor.

The Holter monitor does require that small patches be shaved for the electrodes so that they can be firmly attached to the skin with adhesive. The dog is then fitted with electrodes, a harness and a recorder that continues recording the heart. The owner is given a diary or asked to take notes of the dog's activities throughout the time the Holter is on the dog. There may be an event button on the recorder that the owner can push to signal specific occurrences or observations that they note in the diary.

Some laboratories offer blood tests that are good predictors of heart disease in some breeds. The Irish Wolfhound norms for these tests are yet to be established, but it is being researched. If proven to be accurate for our dogs, these tests could be less expensive than the cardiology exam and perhaps give an early indication of risk factors.

The Irish Wolfhound Foundation offers clinics at many national and regional club events. These clinics are also providing data for research, so the cardiologists on site are picked for their experience and interest in the breed. The owner is encouraged to be with the hound throughout the examination. Echo clinics at all-breed shows may also be excellent, if offered by a board certified cardiologist.

The Irish Wolfhound Foundation gratefully acknowledges contributions from the following supporters

Frances Abrams
IMO: Timothy

Nancy King Aiken

Noreen Atkins-Atwell

Celeste Atkinson
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Glenna Auxier

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IMO: Casa Nova & Teddy

Donna Brown
IMO: Timothy, Tula, Tallis,
and Thunder Bay

Anthony Bruckner
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IMO: Frances Abram's
mother and IMO: Walk &
Mary Perry's Keegan &
Renny

Ann F Burke
IMO: Jim Roland

Carol Ann Busche
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Mckinzee Buschmann

Candy Canzoneri
IMO: Hank Ezop/Captain
of CHAG

Karen Catov-Goodell

Gwendalee Centeno

Patricia Cobb
IMO: Padraic Brie Jonathan
& Dunmadadh Fitzarran
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Maura High
IMO: Joann Giordano

Irish Wolfhound Assoc of the
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IMO: Dr Paul Palmer

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America
re rescue bitch “Lilah”

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Canada Mid Canada
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Allen and Sara Jenson
IMO: Tom Mullowney

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IHO: Mary Ann Johnson,
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“Congrats to Peter, Amelia,
Lizzy, Min & Brunswick”

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IMO: Roger & Mali and
to support Gracie and all
future hounds in our lives.

Mrs Michael Peters
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Pfizer Foundation Matching
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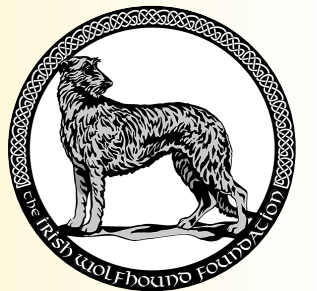
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Focus
537 Hackman Rd.
Lititz, PA 17543

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