

Dog Cancer and Environment Questionnaire

The **University of Wisconsin-Madison, School of Veterinary Medicine** is conducting a study of genetic and environmental risk factors for certain cancers in dogs.

Along with obtaining a cheek swab sample from your dog for DNA analysis, we are asking you to complete this questionnaire about your dog. All information collected will be kept confidential and will not be linked to you or your family in any publications.

If you have any questions regarding the questionnaire or study, please contact:

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I. Dog's General Information

Use clinic card to stamp above, or fill in information below

- Dog's name: _____
- Owner's last name: _____
- Dog's date of birth: _____ / _____
(Month) / (Year)
- If dog's date of birth is unknown, estimated current age: _____ years
- Sex: _____ Male _____ Female
- Neutered: _____ Yes _____ No If yes, age at neuter: _____
- Dog's breed _____
- Address and zip code of dog's primary residence

- Name of your primary care veterinarian or clinic, with town

- How old was your dog when you acquired him or her? _____
- From where did you acquire your dog? _____ (e.g. breeder, pet store, shelter, rescue, stray, family member, friend...)
- Has your dog been diagnosed with bladder cancer?
_____ NO _____ Today's date
_____ YES _____ Date of cancer diagnosis
Name of Veterinarian or Clinic that made the diagnosis

If your dog does not have bladder cancer, please answer all of the following questions based on the past year.

*** If your dog has been diagnosed with bladder cancer, please answer all of the following questions as they apply to the **12 months before** the time of diagnosis ***.

II. Living Environment

- For the past year, what percentage of your dog's time is spent in the following environments?
Urban: _____ %
Suburban: _____ %
Rural: _____ %
On a farm: _____ %
Type of farm (crops, animals on site): _____
Don't know: _____ %
Total 100%
- Does your dog go to work with a member of the household (circle one)? Yes No
 - If yes, what type of business does the household member work in?

 - How often does the dog go to work? _____ days per month.
- How many hours per day does your dog spend in the following places?:
In the house _____ hours
In the garage _____ hours

In the yard confined _____ hours
Outside yard on leash _____ hours
Outside yard off leash _____ hours
Other (Specify _____) _____ hours

Total = 24 hours

- Are you aware of any of the following located **within a mile of your home**?

Chemical plant: _____ Yes _____ No _____ Don't know
Municipal dump: _____ Yes _____ No _____ Don't know
Landfill: _____ Yes _____ No _____ Don't know
Rubber, textile, or leather manufacturer: _____ Yes _____ No _____ Don't know
Coal plant: _____ Yes _____ No _____ Don't know
Incinerator: _____ Yes _____ No _____ Don't know
Farm: _____ Yes _____ No _____ Don't know
Commercial pesticide application: _____ Yes _____ No _____ Don't know
Name of pesticide company, if known _____

- How would you characterize truck and automobile traffic past your house and yard? (check one)

_____ Minimal (dead end or country road)
_____ Moderate (suburban neighborhoods and local roads)
_____ Heavy (main thoroughfare or highway)

- In the past year, which of the following products have been used in the house or on your property? (check all that apply)

_____ Insecticides (ant, wasp, termites), applied by homeowner
_____ Times per year
_____ Floor polish
_____ Times per year
_____ Furniture polish
_____ Times per year
_____ Upholstery or rug cleaner
_____ Times per year
_____ Paint stripper
_____ Times per year
_____ Weed killer, applied by homeowner
_____ Times per year

- Do one or more members in your household or regular household visitors smoke cigarettes?
_____ Yes _____ No _____ Don't know
 - Over the past year, how many cigarettes were smoked in the house on an average day?

- Do one or more members in your household or regular household visitors smoke cigars or pipes at home?
_____ Yes _____ No _____ Don't know

- Which of the following flea control products have you used for your dog over the past year?
 - _____ "Spot on" topical product for fleas / ticks (small amount applied to skin)
_____ Times per year
 - _____ Flea / tick dip
_____ Times per year
 - _____ Flea / tick shampoo or powder
_____ Times per year
 - _____ Flea / tick collar
_____ Times per year
 - _____ Other flea control product (specify type)
_____ Times per year

- Please use the space below for anything else you would like to tell us about your dog's lifestyle or environment.

Completed questionnaires can be mailed to:

Dr. Lauren Trepanier
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Madison, WI 53706-1102

THANK YOU for your time!

For Official Use Only

Date received:

Initials:

Date entered:

Initials: