

Survey questionnaire

SampleID: _____

Date: _____

Pet_type: Dog Cat

Gender: Male Female

Pet's birthday: _____

Breed: _____

Is your dog a puppy? Yes No

State of residence: _____

Current weight of your pet (in lbs): _____

Is your pet currently overweight? Yes No

Home environment: Rural Suburban Urban

How was the pet acquired? Breeder Rescue/Adoption Other

If other, specify: _____

How would you describe the overall health of your pet?

Excellent Good Fair Poor

How would you describe the activity level of your pet?

Very active Active Average activity Somewhat Not active

Has your pet been bred? Yes No I am not sure

Is your pet spayed? Yes No, the pet is intact I am not sure

Does your pet have breeding related issues? Yes No