

Patient ID number: _____

HISTORY

Please specify the options that best describe your dog.

1. At what age was _____ diagnosed with _____?
2. Breed of your dog: _____
3. Hair length without grooming: short (<1 inchs) medium (1 -2 inchs) long (> 2 inchs)
4. Nose length (see diagram page 4): short average long
5. Body size: Small <25lbs Medium 25-50lbs Large >50lbs
6. Reproductive status: Intact spayed/neutered

For the rest of the survey, please think back to the period five years prior to your dog's diagnosis. Please select the options that best describe your pet.

GENERAL HEALTH

7. Was your dog fed a commercial pet food diet? Yes No Other/Unknown

Please select all that apply:

- Dry: None partial half All
Canned/moist food: None partial half All
Table scraps: None Occasional Frequent

8. Were flea products used on the dog? Yes No Unknown

If yes:

Please select all that apply:

- Collar Skin application/drops Oral med/pills
 Powder/spray Shampoo Dip

Which of the following flea brands was most used:

- Frontline Advantage Advantix Comfortis
 Sentinel Revolution Other Unknown

9. Please identify how often the dog was bathed:

- Twice a month Once a month Less than once a month

10. Please identify how often the dog's teeth were brushed:

- Never Once a year Twice a year Once every 2-3 months at least once a month

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11. At the time of diagnosis, had your dog been vaccinated for the following at least once within the previous three years:

- | | | | |
|---------------------------|------------------------------|-----------------------------|----------------------------------|
| Rabies: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Distemper/hepatitis/parvo | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Bordetella: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

12. Did your dog have any of the following ever during the 5 year period?

- | | | | |
|-----------------------|------------------------------|-----------------------------|----------------------------------|
| Pneumonia: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Kennel cough: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Wheezing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Difficulty breathing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

13. Approximately how many hours per day (24 hr period) was your dog inside your home? _____

ENVIRONMENT

14. Which of the following best describe the location of the house or apartment:

- Suburban Urban Rural Farm Other: _____

15. What was the county in which the house or apartment was located? _____ Unknown

16. Were any of the following in the house or apartment:

- Lead paint Radon Asbestos Mold Unknown

17. Which fuel was used most for heating the house or apartment in which your dog lived for the 5 years prior to diagnosis?

- Gas from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar Energy
- Other fuel
- No fuel used

18. Which was the source of heating the house or apartment?

- Central Fireplace(wood burning) Floor/Gas Unit Other _____

19. Which was used most for cooling the house or apartment?

- Central Fans Air conditioner Other: _____

20. Not counting decks, porches, or garages how many rooms were in the house or apartment:

21. Are there any industrial companies near (within 5 miles) to your home? Yes No Unknown

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22. Any garbage waste disposal centers near your home? Yes No Unknown

23. Any hazardous waste disposal centers near your home? Yes No Unknown

24. Were you or any other people in your home smokers (defined as smoking at least once per day most days of the week) during any part of the five years to the pet's diagnosis? Yes No

25. On average, about how many days per week was there smoking inside the home"? _____

26. Not counting decks, porches, or garages, was smoking allowed inside the home:

- Always allowed
- Allowed only at some times or in some places
- Never allowed

27. Please identify the following:

Number of smokers living in the house: 1 2 ≥3

Considering all the smokers whom have spent time in the household, please specify the following:

1. Types of tobacco products used: check all that apply

Cigarettes cigars pipe

2. Number of cigarettes smoked per 24hrs: 0 1-19 ≥20

4. Number of cigarettes smoked inside the home per 24hrs: 0 1-19 ≥20

5. In general, how far would your dog be from those smoking inside the home?

Lap Next to Same room Not present Unknown

EXPOSURE TO HOUSEHOLD PRODUCTS:

28. Was the pet exposed to any of the following five years prior to diagnosis:

Incense/Candles Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Bathroom aerosols Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Cleaning aerosols Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Herbicides Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Pesticides Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Fertilizers Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Wood shavings Never Once Occasionally (2-10 times/year) Frequently (> 10 times/year)

Thank you for your participation in this study!

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Short



Average



Long

