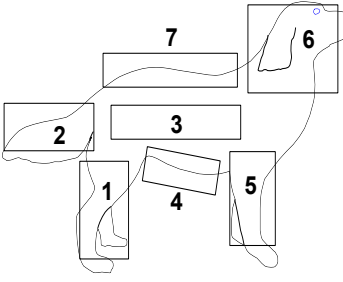


<b>DCF 1</b>	<b>FIELD ASSESSMENT (Individual animal)</b>	(Fix barcode in this box)
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Time = 24 hour clock

Date format dd/mmm/yyyy

Date		Time		Animal no.	
<b>Owner consent, animal details and history: <input type="radio"/> Dog <input type="radio"/> Cat to participate in survey</b>					
Owner : I give mermission for my animal to participate (as per information sheet):		Signature:		Date:	
Age (months)	Breed	Sex		<input type="radio"/> Male	<input type="radio"/> Female
Diet	<input type="radio"/> Homemade <input type="radio"/> Tinned		<input type="radio"/> Kibble <input type="radio"/> Mixed		
Last deworming:	<input type="radio"/> Never <input type="radio"/> 1-6 months ago <input type="radio"/> < 1 month ago <input type="radio"/> >6 months ago		Dewormer used:		
Last ectoparasiticide	<input type="radio"/> Never <input type="radio"/> 1-6 months ago <input type="radio"/> < 1 month ago <input type="radio"/> >6 months ago		Ectoparasiticide used:		
Last vaccination	<input type="radio"/> Never <input type="radio"/> Within last 3 years <input type="radio"/> Within last year		Vaccines used:		<input type="checkbox"/> Rabies <input type="checkbox"/> Leptospira <input type="checkbox"/> DHP <input type="checkbox"/> CPi/Bordetella <input type="checkbox"/> Other: _____
Housing	<input type="radio"/> Indoor <input type="radio"/> Free roaming <input type="radio"/> Yard		Other pets?		<input type="radio"/> Yes <input type="radio"/> No
If "yes" to "Other pets": Cats or dogs and how many?			<input type="radio"/> Dog(s) _____ <input type="radio"/> Cat(s) _____		
<b>Geographical details</b>					
Pet origin (name of city/town/village)		GPS coordinates of sampling site			
<b>Physical examination and general health assessment</b>					
Any major abnormal clinical signs evident?		<input type="radio"/> Yes <input type="radio"/> No		If yes, provide details below:	
Body Condition Score	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		Mucous membrane colour	<input type="radio"/> Normal (pink & moist) <input type="radio"/> Pale <input type="radio"/> Icteric <input type="radio"/> Other _____	
Temperature (°C)	Pulse (beats/minute)		Respiration rate (/minute)		
<b>Ectoparasite assessments</b>					
<b>Ticks</b>	Area 1	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
	Area 2	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
	Area 3	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
	Area 4	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
	Area 5	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
	Area 6	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
	Area 7	<input type="radio"/> 1 ticks <input type="radio"/> 2 ticks <input type="radio"/> ≥ 3 ticks			
Fleas	Overall	<input type="radio"/> 1-10 fleas <input type="radio"/> 11-50 fleas <input type="radio"/> >50 fleas			
Lice	Overall	<input type="radio"/> 1-10 lice <input type="radio"/> 11-50 lice <input type="radio"/> >50 lice			
<b>Ectoparasite specimen collection (single jar with 70% ethanol per animal)</b>					
Up to 30 ticks collected:		<input type="radio"/> Yes <input type="radio"/> No		Fleas and lice: <input type="radio"/> Collected as many as possible <input type="radio"/> None present	
Ensured that the barcode on the collection jar corresponds with barcode on this form					<input type="radio"/> Yes
<b>Blood collection and processing and anal swab preparation</b>					
Blood specimen collected	<input type="radio"/> Yes <input type="radio"/> No		FTA card used	<input type="radio"/> Yes <input type="radio"/> No	
4Dx Plus kit used		<input type="radio"/> Yes <input type="radio"/> No			
4Dx Plus kit positive results: <input type="checkbox"/> Heartworm <input type="checkbox"/> <i>Borrelia burgdorferi</i> (Lyme disease) <input type="checkbox"/> <i>Anaplasma</i> spp. <input type="checkbox"/> <i>Ehrlichia</i> spp.					
Serum prepared	<input type="radio"/> Yes <input type="radio"/> No		Anal swab performed		<input type="radio"/> Yes <input type="radio"/> No
Rabies vaccine administered?	<input type="radio"/> Yes <input type="radio"/> No		Ectoparasite preventive dispensed?		<input type="radio"/> Yes <input type="radio"/> No
Field assessment performed by:		Signature		Date:	
<b>Preparation for shipment checklist</b>					
Following was prepared for shipment to Clinvet:		<input type="checkbox"/> DCF 1 <input type="checkbox"/> FTA card (one half) <input type="checkbox"/> Ectoparasite collection jar <input type="checkbox"/> Anal swab			
Prepared for shipment by:		Signature		Date:	