ANNUAL
OWNER QUESTIONNAIRE

DOG INFORMATION

Dog Name: ____________________________

Dog Sex Status: □ Intact Female □ Spayed Female □ Intact Male □ Neutered Male


Has your address changed since last year’s examination? □ Y □ N If yes: provide date of change: ____ / ____ / ____

Do you have a secondary address? □ Y □ N

If yes: Secondary Address: ____________________________

Has your secondary address changed since last year’s examination? □ Y □ N If yes: provide date of change: ____ / ____

What percentage of time does your dog spend at your secondary address? ______ %

Do you have health insurance for your dog? □ Y □ N If yes: provide name of insurance: ____________________________

Does this dog have information in any of the following databases?
□ CHIC □ CERF □ OFA (OFFA) □ MADGIC □ PennHIP □ Unknown □ None

What is the primary activity/lifestyle of your dog? □ Agility □ Breeding □ Companion/Pet
□ Dog Athlete □ Field Trials □ Hunting □ Obedience □ Search and Rescue □ Service dog □ Show
□ Therapy Dog Where: ____________________________ □ Other Specify: ____________________________

What is the secondary activity/lifestyle of your dog? □ Agility □ Breeding □ Companion/Pet
□ Dog Athlete □ Field Trials □ Hunting □ Obedience □ Search and Rescue □ Service dog □ Show
□ Therapy Dog Where: ____________________________ □ Other Specify: ____________________________

Over the past 12 months, did your dog stay one week or more at a location other than your primary or secondary residence? □ Y □ N

If yes: Location Country, State/Province, City, Postal/Zip Code: ____________________________

Beginning month of visit: ___________ Duration Weeks: ____________________________

Primary mode of travel: □ Airplane □ Car □ Train □ Other Specify: ____________________________

Over the past 12 months, did your dog stay at a kennel/boarding facility? □ Y □ N

If yes: Location Country, State/Province, City, Postal/Zip Code: ____________________________

Beginning month of visit: ___________ Duration Weeks: ____________________________

Primary mode of travel: □ Airplane □ Car □ Train □ Other Specify: ____________________________
Does your dog frequently have exposure to other dogs (other than additional family dogs)? Y N
If yes: At what types of locations does exposure occur: Doggie day care Dog’s own residence Community dog park (open space) Competitions Other Specify: _______________________________________________________________________

Does your dog go to work with you on a regular basis? Y N
If yes: Work address: ___________________________________________________________________________ Days per week spent at work: ___________________ Hours per day spent at work: ______________

**DAM CONDITIONS**

Have there been any changes to the DAM’S medical history in the past 12 months? Y N
Please select at least one option in EACH category below.

### CANCER/NEOPLASIA

- None
- Unknown
- Adrenal tumor
- Basal cell tumor
- Bile duct (biliary) tumor
- Bladder tumor
- Brain/Spinal cord tumor
- Breast/mammary tumor
- Epidermoid cyst
- Eye tumor
- Hair matrix tumor
- Heart tumor
- Hemangioma
- Hemangiosarcoma
- Histiocytic sarcoma
- Histiocytoma
- Kidney tumor
- Leukemia
- Lipoma
- Liver tumor
- Lung tumor
- Lymphoma
- Mast cell tumor
- Melanoma
- Multiple myeloma
- Nasal tumor
- Osteosarcoma
- Pancreatic tumor
- Papilloma
- Perianal adenocarcinoma
- Perianal adenoma
- Pituitary tumor
- Plasmacytoma
- Sebaceous adenoma
- Soft tissue sarcoma
- Squamous cell carcinoma
- Stomach/Intestinal tumor
- Thymoma
- Thyroid tumor
- Other: ___________________

### CARDIOVASCULAR/RESPIRATORY

- None
- Unknown
- Arrhythmia
- Cardiomyopathy
- Congestive heart failure
- Cough
- Heartworm infection
- Murmur
- Pneumonia
- Pulmonic stenosis
- Subaortic stenosis
- Other: ________________
### Endocrine Conditions
- None
- Unknown
- Addison’s disease
  (hypoadrenocorticism)

- Cushing’s disease
  (hyperadrenocorticism)
- Diabetes insipidus
- Diabetes mellitus
- Hypercalcemia
- Hypothyroidism
- Pancreatic insufficiency
- Other: _____________

### Gastrointestinal Conditions
- None
- Unknown
- Bloat with torsion (GDV)
- Bloat without torsion

- Chronic colitis
- Diarrhea
- Food sensitivity
- Gastritis/Gastroenteritis

- Gastrointestinal foreign body
- Malabsorptive disorder
- Megaeosophagus
- Pancreatitis
- Vomiting
- Other: _____________

### Hematologic Conditions
- None
- Unknown
- Anemia

### Urinary Conditions
- None
- Unknown
- Bladder infection/cystitis

- Bladder stones
- Crystalluria
- Ectopic ureter

- Incontinence
- Kidney failure
- Kidney infection/Pyelonephritis
- Kidney stones
- Proteinuria
- Other: _____________

### Nervous System Conditions
- None
- Unknown
- Cauda Equina Syndrome

- Dementia or senility
- Horner’s syndrome
- Laryngeal paralysis

- Limb paralysis
- Myasthenia gravis
- Seizures of unknown origin
- Trauma/Injury
- Wobbler syndrome
- Other: _____________

### Skin
- None
- Unknown
- Anal sac/gland disorder
- Atopy
- Bacterial dermatitis
  (Pyoderma)
- Contact dermatitis

- Demodectic mange
- Dermatophytosis
- Dry skin
- Flea allergy dermatitis
- Food allergy dermatitis
- Hot Spots
- Itchiness

- Lick granuloma
- Non-specific dermatitis
- Papilloma
- Perianal dermatitis
- Perivulvar dermatitis
- Pododermatitis
- Pruritus

- Sarcoptic mange
- Seasonal allergy
- Sebaceous cyst
- Other: _____________
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<td>Bone fractures</td>
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<td>Cruciate ligament rupture</td>
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<td>Elbow dysplasia</td>
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<td>Growth deformity</td>
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<td>Intervertebral disc disease</td>
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<td>Osteoarthritis</td>
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<td>Rheumatoid arthritis</td>
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<td>Imperforate lacrimal punctum</td>
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<tr>
<td>Iris cyst</td>
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<td>Keratoconjunctivitis Sicca (KCS)</td>
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<td>Pigmentary uveitis</td>
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<tr>
<td>Progressive retinal atrophy or degeneration</td>
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<td>Third eyelid tear gland prolapse (&quot;cherry eye&quot;)</td>
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<tr>
<td>Trauma/Injury</td>
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<td>Aural hematoma</td>
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<td>Epistaxis</td>
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<tr>
<td>Hearing problem</td>
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<td>Upper respiratory infection</td>
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<td>Pregnancy</td>
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<td>Preputial infection</td>
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<td>Recessed vulva</td>
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<td>Lyme disease</td>
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<td>Roundworms</td>
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<td>Tapeworms</td>
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<td>Ticks</td>
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<td>Tracheobronchitis (kennel cough)</td>
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<table>
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<tr>
<th>OTHER CONDITIONS</th>
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<tbody>
<tr>
<td>Other: __________</td>
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</table>
**SIRE CONDITIONS**

Have there been any changes to the SIRE’S medical history in the past 12 months? □ Y □ N 
Please select at least one option in EACH category below.

### CANCER/NEOPLASIA

- □ None
- □ Unknown
- □ Adrenal tumor
- □ Basal cell tumor
- □ Bile duct (biliary) tumor
- □ Bladder tumor
- □ Brain/Spinal cord tumor
- □ Breast/mammary tumor
- □ Epidermoid cyst
- □ Eye tumor
- □ Hair matrix tumor
- □ Heart tumor
- □ Hemangioma
- □ Hemangiosarcoma
- □ Histiocytic sarcoma
- □ Histiocytoma
- □ Kidney tumor
- □ Leukemia
- □ Lymphoma
- □ Mast cell tumor
- □ Melanoma
- □ Multiple myeloma
- □ Nasal tumor
- □ Osteosarcoma
- □ Pancreatic tumor
- □ Papilloma
- □ Perianal adenocarcinoma
- □ Perianal adenoma
- □ Pituitary tumor
- □ Plasmacytoma
- □ Prostate tumor
- □ Sebaceous adenoma
- □ Soft tissue sarcoma
- □ Squamous cell carcinoma
- □ Stomach/Intestinal tumor
- □ Testicular tumor
- □ Thymoma
- □ Thyroid tumor
- □ Other: ____________

### CARDIOVASCULAR/RESPIRATORY

- □ None
- □ Unknown
- □ Arrhythmia
- □ Cardiomyopathy
- □ Congestive heart failure
- □ Cough
- □ Heartworm infection
- □ Murmur
- □ Pneumonia
- □ Pulmonic stenosis
- □ Subaortic stenosis
- □ Other: ____________

### SKIN

- □ None
- □ Unknown
- □ Anal sac/gland disorder
- □ Atopy
- □ Bacterial dermatitis (Pyoderma)
- □ Contact dermatitis
- □ Demodectic mange
- □ Dermatophytosis
- □ Dry skin
- □ Flea allergy dermatitis
- □ Food allergy dermatitis
- □ Hot Spots
- □ Ichthyosis
- □ Lick granuloma
- □ Non-specific dermatitis
- □ Papilloma
- □ Perianal dermatitis
- □ Perivulvar dermatitis
- □ Pruritis
- □ Sarcoptic mange
- □ Seasonal allergy
- □ Sebaceous cyst
- □ Other: ____________

### ENDOCRINE CONDITIONS

- □ None
- □ Unknown
- □ Addison’s disease (hypoadrenocorticism)
- □ Cushing's disease (hyperadrenocorticism)
- □ Diabetes mellitus
- □ Diabetes insipidus
- □ Hypercalcemia
- □ Hypothyroidism
- □ Pancreatic insufficiency
- □ Other: ____________
### Gastrointestinal Conditions

- None
- Unknown
- Bloat with torsion (GDV)
- Bloat without torsion
- Chronic colitis
- Diarrhea
- Food sensitivity
- Gastritis/Gastroenteritis
- Gastrointestinal foreign body
- Malabsorptive disorder
- Megaesophagus
- Pancreatitis
- Vomiting
- Other: __________

### Hematologic Conditions

- None
- Unknown
- Anemia
- Thrombocytopenia
- Von Willebrand disease
- Other: __________

### Urinary Conditions

- None
- Unknown
- Bladder infection/cystitis
- Bladder stones
- Crystalluria
- Ectopic ureter
- Incontinence
- Kidney failure
- Kidney infection/Pyelonephritis
- Kidney stones
- Proteinuria
- Other: __________

### Nervous System Conditions

- None
- Unknown
- Cauda Equina Syndrome
- Dementia or senility
- Horner’s syndrome
- Laryngeal paralysis
- Limb paralysis
- Myasthenia gravis
- Seizures of unknown origin
- Trauma/Injury
- Wobbler syndrome
- Other: __________

### Musculoskeletal Conditions

- None
- Unknown
- Bone fractures
- Cruciate ligament rupture
- Elbow dysplasia
- Growth deformity
- Hip dysplasia
- Intervertebral disc disease
- Lameness
- Osteoarthritis
- Osteochondritis dissecans (OCD)
- Wobbler syndrome
- Panosteitis
- Patellar luxation
- Rheumatoid arthritis
- Spondylosis
- Trauma/Injury
- Other: __________
### EAR-NOSE-THROAT CONDITIONS

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<tr>
<th>None</th>
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- Erection
- Entropion
- Glaucoma
- Imperforate lacrimal punctum
- Iris cyst
- Keratoconjunctivitis Sicca (KCS)
- Pigmentary uveitis
- Progressive retinal atrophy or degeneration
- Third eyelid tear gland prolapse ("cherry eye")
- Trauma/Injury
- Uveitis
- Other: ____________

### REPRODUCTIVE CONDITIONS

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<th>Cryptorchid - Unilateral</th>
<th>Cryptorchid - Bilateral</th>
<th>Mastitis</th>
<th>Papilloma/Genital warts</th>
<th>Preputial infection</th>
<th>Prostate abscess</th>
<th>Prostate enlargement (benign)</th>
<th>Prostatitis</th>
<th>Other: ____________</th>
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</thead>
</table>

- Cryptorchid - Unilateral
- Cryptorchid - Bilateral
- Mastitis
- Papilloma/Genital warts
- Preputial infection
- Prostate abscess
- Prostate enlargement (benign)
- Prostatitis
- Other: ____________

### INFECTIOUS DISEASES/PARASITES

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<th>Isospora</th>
<th>Lyme disease</th>
<th>Parvovirus</th>
<th>Rocky Mountain spotted fever</th>
<th>Roundworms</th>
<th>Tapeworms</th>
<th>Ticks</th>
<th>Tracheobronchitis (kennel cough)</th>
<th>Whipworms</th>
<th>Other: ____________</th>
</tr>
</thead>
</table>

- Fleas
- Fungal infection
- Giardia
- Granuloma
- Hookworms
- Influenza
- Isospora
- Lyme disease
- Parvovirus
- Rocky Mountain spotted fever
- Roundworms
- Tapeworms
- Ticks
- Tracheobronchitis (kennel cough)
- Whipworms
- Other: ____________

### OTHER CONDITIONS

| Other: ____________ |

- Other: ____________
**LITTERMATES CONDITIONS**

Have there been any changes to the LITTERMATES’ medical history in the past 12 months?  
☐ Y  ☐ N

Please select at least one option in EACH category below

### CANCER/NEOPLASIA

- None
- Unknown
- Adrenal tumor
- Basal cell tumor
- Bile duct (biliary) tumor
- Bladder tumor
- Brain/Spinal cord tumor
- Breast/mammary tumor
- Epidermoid cyst
- Eye tumor
- Hair matrix tumor
- Heart tumor
- Hemangioma
- Hemangiosarcoma
- Histiocytic sarcoma
- Histiocytoma
- Kidney tumor
- Leukemia
  - Type: __________
- Lipoma
- Liver tumor
- Lung tumor
- Lymphoma
- Mast cell tumor
- Melanoma
- Multiple myeloma
- Nasal tumor
- Osteosarcoma
- Pancreatic tumor
- Papilloma
- Perianal adenocarcinoma
- Perianal adenoma
- Pituitary tumor
- Plasmacytoma
- Sebaceous adenoma
- Soft tissue sarcoma
- Squamous cell carcinoma
- Stomach/Intestinal tumor
- Thymoma
- Thyroid tumor
- Other: __________

### CARDIOVASCULAR/RESPIRATORY

- None
- Unknown
- Arrhythmia
- Cardiomyopathy
- Congestive heart failure
- Cough
- Heartworm infection
- Murmur
- Pneumonia
- Pulmonic stenosis
- Subaortic stenosis
- Other: __________

### SKIN

- None
- Unknown
- Anal sac/gland disorder
- Atopy
- Bacterial dermatitis (Pyoderma)
- Contact dermatitis
- Demodectic mange
- Dermatophytosis
- Dry skin
- Flea allergy dermatitis
- Food allergy dermatitis
- Hot Spots
- Icthyosis
- Lick granuloma
- Non-specific dermatitis
- Papilloma
- Perianal dermatitis
- Perivulvar dermatitis
- Pododermatitis
- Pruritis
- Sarcoptic mange
- Seasonal allergy
- Sebaceous cyst
- Other: __________

### ENDOCRINE CONDITIONS

- None
- Unknown
- Addison’s disease (hypoadrenocorticism)
- Cushing’s disease (hyperadrenocorticism)
- Diabetes mellitus
- Diabetes insipidus
- Diabetes mellitus
- Hypercalcemia
- Hypothyroidism
- Pancreatic insufficiency
- Other: __________
### Gastrointestinal Conditions
- None
- Unknown
- Bloat with torsion (GDV)
- Bloat without torsion
- Chronic colitis
- Diarrhea
- Food sensitivity
- Gastritis/Gastroenteritis
- Gastrointestinal foreign body
- Malabsorptive disorder
- Megaesophagus
- Pancreatitis
- Vomiting
- Other: ____________

### Hematologic Conditions
- None
- Unknown
- Bladder infection/cystitis
- Anemia
- Thrombocytopenia
- Von Willebrand disease
- Other: ____________

### Urinary Conditions
- None
- Unknown
- Bladder infection/cystitis
- Bladder stones
- Crystalluria
- Ectopic ureter
- Incontinence
- Kidney failure
- Kidney infection/Pyelonephritis
- Kidney stones
- Proteinuria
- Other: ____________

### Nervous System Conditions
- None
- Unknown
- Cauda Equina Syndrome
- Dementia or senility
- Horner’s syndrome
- Laryngeal paralysis
- Limb paralysis
- Myasthenia gravis
- Seizures of unknown origin
- Trauma/Injury
- Wobbler syndrome
- Other: ____________

### Musculoskeletal Conditions
- None
- Unknown
- Bone fractures
- Cruciate ligament rupture
- Elbow dysplasia
- Growth deformity
- Hip dysplasia
- Intervertebral disc disease
- Lameness
- Osteoarthritis
- Osteochondritis dissecans (OCD)
- Wobbler syndrome
- Panosteitis
- Patellar luxation
- Rheumatoid arthritis
- Spondylosis
- Trauma/Injury
- Other: ____________
### EAR-NOSE-THROAT CONDITIONS

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### EYE CONDITIONS

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<td>Progressive retinal atrophy or degeneration</td>
<td>Progressive retinal atrophy or degeneration</td>
</tr>
<tr>
<td></td>
<td>Third eyelid tear gland prolapse (“cherry eye”)</td>
<td>Third eyelid tear gland prolapse (“cherry eye”)</td>
</tr>
<tr>
<td></td>
<td>Trauma/Injury</td>
<td>Trauma/Injury</td>
</tr>
<tr>
<td></td>
<td>Uveitis</td>
<td>Uveitis</td>
</tr>
<tr>
<td></td>
<td>Other: ____________</td>
<td>Other: ____________</td>
</tr>
</tbody>
</table>

### REPRODUCTIVE CONDITIONS

<p>| | | |</p>
<table>
<thead>
<tr>
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<td>None</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
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</tr>
<tr>
<td>Dystocia</td>
<td>Dystocia</td>
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<tr>
<td>Mastitis</td>
<td>Mastitis</td>
<td>Mastitis</td>
</tr>
<tr>
<td>Papilloma/Genital warts</td>
<td>Papilloma/Genital warts</td>
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<tr>
<td></td>
<td>Pregnancy</td>
<td>Cryptorchid - Unilateral</td>
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<tr>
<td></td>
<td>Preputial infection</td>
<td>Cryptorchid - Bilateral</td>
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<tr>
<td></td>
<td>Pyometra</td>
<td>Prostate abscess</td>
</tr>
<tr>
<td></td>
<td>Recessed vulva</td>
<td>Prostate enlargement</td>
</tr>
<tr>
<td></td>
<td>Vaginitis</td>
<td>(benign)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prostatitis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: ____________</td>
</tr>
</tbody>
</table>

### INFECTIOUS DISEASES/PARASITES

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<table>
<thead>
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<tbody>
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<tr>
<td>Unknown</td>
<td>Unknown</td>
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</tr>
<tr>
<td>Anaplasma</td>
<td>Anaplasma</td>
<td>Anaplasma</td>
</tr>
<tr>
<td>Babesia</td>
<td>Babesia</td>
<td>Babesia</td>
</tr>
<tr>
<td>Coccidia</td>
<td>Coccidia</td>
<td>Coccidia</td>
</tr>
<tr>
<td>Eimeria</td>
<td>Eimeria</td>
<td>Eimeria</td>
</tr>
<tr>
<td>Ehrlichia</td>
<td>Ehrlichia</td>
<td>Ehrlichia</td>
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<tr>
<td></td>
<td>Fleas</td>
<td>Isospora</td>
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<tr>
<td></td>
<td>Fungal infection</td>
<td>Lyme disease</td>
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<td></td>
<td>Specify: ____________</td>
<td>Parvo virus</td>
</tr>
<tr>
<td></td>
<td>Giardia</td>
<td>Rocky Mountain spotted fever</td>
</tr>
<tr>
<td></td>
<td>Granuloma</td>
<td>Roundworms</td>
</tr>
<tr>
<td></td>
<td>Hookworms</td>
<td>Tapeworms</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
<td>Ticks</td>
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<tr>
<td></td>
<td></td>
<td>Tracheobronchitis (kennel cough)</td>
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<tr>
<td></td>
<td></td>
<td>Whipworms</td>
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<td></td>
<td></td>
<td>Other: ____________</td>
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### OTHER CONDITIONS

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<tbody>
<tr>
<td>Other: ____________</td>
<td>Other: ____________</td>
<td>Other: ____________</td>
</tr>
</tbody>
</table>
REPRODUCTIVE HISTORY

If INTACT MALE, answer the following:
Was your dog naturally bred (ties) in the past 12 months? □ Y □ N □ Unknown

If yes: How many times was your dog naturally bred (ties)? ____________
How many different females was your dog naturally bred with? ____________
How many litters has your dog sired through natural breeding? ____________

Was your dog’s semen collected for artificial insemination in the past 12 months? □ Y □ N □ Unknown
If yes: How many times was your dog’s semen collected in the past 12 months? ____________
How many litters has you dog sired through artificial insemination? ____________
Do you have any concerns about your dog’s past fertility? □ Y □ N

Has your dog been evaluated for poor fertility? □ Y □ N
If yes: What was the outcome? _______________________________________________________________________

If NEUTERED MALE, answer the following:
When was your dog neutered (mm/dd/yy)? ___ / ___ / ___
Why was your dog neutered? □ Elective □ Medical Reason □ Behavioral □ Unknown

Even though he is now neutered, has your dog ever been active as a breeder? □ Y □ N □ Unknown
If yes: How many times was your dog naturally bred (ties)? ____________
How many different females was your dog naturally bred with? ____________
How many litters has your dog sired through natural breeding? ____________

Was your dog’s semen collected for artificial insemination in the past 12 months? □ Y □ N □ Unknown
If yes: How many times was your dog’s semen collected in the past 12 months? ____________
How many litters has you dog sired through artificial insemination? ____________
Do you have any concerns about your dog’s past fertility? □ Y □ N

Has your dog been evaluated for poor fertility? □ Y □ N □ Unknown
If yes: What was the outcome? _______________________________________________________________________
If INTEGRITY FEMALE, answer the following:
Did your dog experience any estrous (heat) cycles in the past 12 months? Y / N / Unknown
If yes, please record all the information for each heat cycle the dog experienced
Date of heat cycle (mm/dd/yy): / / 
How long was this cycle? 
Bred during this cycle? Y N Unknown
If yes: Method of breeding: Natural Breeding Artificial insemination (fresh) Artificial Insemination (frozen)
Any litters from this cycle? Y N Unknown
If yes: Day litter was born or due date (mm/dd/yy): / / 
Delivery by C-section? Y N Unknown
Number of live-born puppies: Number of still-born puppies: 
Number of weeks puppies nursed: Number of weaned puppies: 
Complete the following if a second heat cycle was experienced
Date of heat cycle (mm/dd/yy): / / How long was this cycle? 
Bred during this cycle? Y N Unknown
If yes: Method of breeding: Natural Breeding Artificial insemination (fresh) Artificial Insemination (frozen)
Any litters from this cycle? Y N Unknown
If yes: Day litter was born or due date (mm/dd/yy): / / 
Delivery by C-section? Y N Unknown
Number of live-born puppies: Number of still-born puppies: 
Number of weeks puppies nursed: Number of weaned puppies: 
Was your dog given hormone therapy to prevent heat? Y N Unknown
If yes: Hormone product name and duration (weeks):
Did your dog have any breeding NOT result in pregnancy? Y N Unknown
Number of times your dog required mis-mating management (pregnancy termination)? 
Is your dog currently pregnant? Y N Unknown

If SPAYED FEMALE, answer the following:
When was your female dog spayed (mm/dd/yy): / / 
Why was your dog spayed? Elective Medical Reason Behavioral Unknown
Was your dog spayed during her estrous (heat) cycle? Y N Unknown
DENTAL & GROOMING

How often do you EXAMINE your dog’s teeth and mouth?
☐ Never ☐ Occasionally ☐ Daily ☐ Weekly ☐ Monthly

How often do you BRUSH your dog’s teeth?
☐ Never ☐ Occasionally ☐ Daily ☐ Weekly ☐ Monthly

How often do you give your dog a DENTAL CARE TREAT (dental chew)?
☐ Never ☐ Occasionally ☐ Daily ☐ Weekly ☐ Monthly

Has your dog undergone any dental procedures?
☐ None ☐ Unknown ☐ Routine cleaning ☐ Extraction ☐ Other
  If yes to routine cleaning: How long ago was the routine cleaning (months)? ________________________________
  If yes to extraction: How long ago was the extraction (months)? ________________________________
  If yes to Other: Specify: __________________________________________

How often is your dog professionally groomed per year? __________________
  If professionally groomed: Which types of the following products does the groomer use?
    ☐ Unknown ☐ Flea/Tick control ☐ Regular Shampoo ☐ Medicated ☐ Organic ☐ Perfumed ☐ Hair/Skin dye

How often do you wash and/or groom your dog at home per year? ________________________________
  If washed at home: Which types of the following products does the groomer use?
    ☐ Unknown ☐ Flea/Tick control ☐ Regular Shampoo ☐ Medicated ☐ Organic ☐ Perfumed ☐ Hair/Skin dye

Do you use any additional products between regular grooming?
  If yes: Specify: ____________________________________________________________________________
## MEDICATIONS

In the past 12 months, has your dog taken any of the following over-the-counter (non-prescription) medications? Please mark all that apply.

<table>
<thead>
<tr>
<th>None</th>
<th>Antibiotic Ointment/Cream Specify:</th>
<th></th>
<th>Dewormer Specify:</th>
<th></th>
<th>Gl Protectants Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Diarrheals Loperamide Imodium®</td>
<td>Anti-Histamines Diphenhydramine Benadryl®</td>
<td>Anti-Diarrheals Chlorpheniramine</td>
<td>Anti-Histamines Specify:</td>
<td>Anti-Inflammatories Buffered Aspirin</td>
<td>Anti-Inflammatories Specify:</td>
</tr>
<tr>
<td>Anti-Diarrheals Pepto-Bismol®</td>
<td>Anti-Diarrheals Pepto-Bismol®</td>
<td>Anti-Inflammatories Pepto-Bismol®</td>
<td>Anti-Inflammatories Specifying:</td>
<td>Anti-Inflammatories Pepto-Bismol®</td>
<td>Anti-Inflammatories Specifying:</td>
</tr>
</tbody>
</table>

For flea and tick control, do you give your dog:

- **Topical** (If yes please include brand, frequency, months given):

Do you use a secondary topical brand? (If yes please include brand, frequency, months given):

- **Oral** (If yes please include brand, frequency, months given):

Do you use a secondary oral brand? (If yes please include brand, frequency, months given):

- **Dip Solution** (If yes please include brand, frequency, months given):

Do you use a secondary dip solution brand? (If yes please include brand, frequency, months given):

- **Collar** (If yes please include brand, frequency, months given):

Do you use a secondary collar brand? (If yes please include brand, frequency, months given):

Have you used heartworm preventative in the past 12 months?  

- **Y**  
- **N**

- **Oral** (If yes please include brand, frequency, month(s) given):

- **Topical** (If yes please include brand, frequency, month(s) given):

- **Injectable** (If yes please include brand, frequency, month(s) given):
### SUPPLEMENTS
Do you frequently give your dog supplements (at least once daily)? □ Y □ N If yes: please list all supplements

<table>
<thead>
<tr>
<th>Type:</th>
<th>Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand:</td>
<td>Brand:</td>
</tr>
<tr>
<td>UPC code:</td>
<td>UPC code:</td>
</tr>
<tr>
<td>Amount:</td>
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<td>Unit:</td>
<td>Unit:</td>
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<tr>
<td>Frequency:</td>
<td>Frequency:</td>
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</table>

<table>
<thead>
<tr>
<th>Type:</th>
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<tbody>
<tr>
<td>Brand:</td>
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<tr>
<td>UPC code:</td>
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<td>Amount:</td>
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<td>Unit:</td>
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<td>Frequency:</td>
<td>Frequency:</td>
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</table>

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<tr>
<th>Type:</th>
<th>Type:</th>
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<tbody>
<tr>
<td>Brand:</td>
<td>Brand:</td>
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<tr>
<td>UPC code:</td>
<td>UPC code:</td>
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<td>Amount:</td>
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<td>Unit:</td>
<td>Unit:</td>
</tr>
<tr>
<td>Frequency:</td>
<td>Frequency:</td>
</tr>
</tbody>
</table>

### DIET
What is your dog’s usual source of drinking water?
- □ Municipal  □ Well water (treated/filtered)  □ Well water (untreated/unfiltered)  □ Bottle/commercial
- □ Other Specify: ____________________________

Do you frequently provide your dog a second source of drinking water? □ Y □ N
If yes: □ Municipal  □ Well water (treated/filtered)  □ Well water (untreated/unfiltered)  □ Bottle/commercial
- □ Other Specify: ____________________________

Does your dog frequently drink water from the garden hose? □ Y □ N
Does your dog frequently drink water from the toilet? □ Y □ N
What type of bowl does your dog routinely use for water?
☐ Glass  ☐ Stainless steel/other metal  ☐ Ceramic  ☐ Plastic  ☐ Other Specify: ________________
Does your routine water bowl contain antimicrobials, such as microban?  ☐ Y  ☐ N

Does your dog have a secondary type of bowl used for water?  ☐ Y  ☐ N
If yes: What type of secondary bowl does your dog routinely use for water?
☐ Glass  ☐ Stainless steel/other metal  ☐ Ceramic  ☐ Plastic  ☐ Other Specify: ________________
Does your secondary water bowl contain antimicrobials, such as microban?  ☐ Y  ☐ N

What type of bowl does your dog routinely use for food?
☐ Glass  ☐ Stainless steel/other metal  ☐ Ceramic  ☐ Plastic  ☐ Other Specify: ________________
Does your routine food bowl contain antimicrobials, such as microban?  ☐ Y  ☐ N

Does your dog have a secondary type of bowl used for food?  ☐ Y  ☐ N
If yes: What type of secondary bowl does your dog routinely use for food?
☐ Glass  ☐ Stainless steel/other metal  ☐ Ceramic  ☐ Plastic  ☐ Other Specify: ________________
Does your secondary food bowl contain antimicrobials, such as microban?  ☐ Y  ☐ N

How often do you give your dog treats in a typical day? Note: human grade food and treats (i.e. cheese and popcorn) will be covered in a separate section. ____________________________________________

Over the course of a typical week, how many people typically feed your dog? __________

Do you routinely administer medications, preventatives, or supplements along with some food to help administer the item (butter, cheese, peanut butter, commercial treat, etc.)  ☐ Y  ☐ N

Do you feed your dog commercial food (prepared food you purchase) or home prepared foods?
Please fill out both sections if given both commercial and home prepared
☐ Commercial dog food If yes: complete the following
Brand name: ___________________________ Formulation: ___________________________

Where did you purchase this food?
☐ Big box store (Walmart, Target, etc.) ☐ Online retailer (Chewy.com, Amazon)
☐ Chain pet supply store (Petco, PetSmart, Tractor supply) ☐ Grocery store ☐ Pet boutique or small retail pet store
☐ Veterinarian ☐ Other Specify: ___________________________

Guaranteed analysis-crude protein min %: __________________ Guaranteed analysis-crude fat min %: __________________
Guaranteed analysis-crude fiber max %: __________________ Guaranteed analysis-moisture max %: __________________

Food type: ☐ Dry ☐ Canned ☐ Freeze dried ☐ Refrigerated/frozen raw food ☐ Semi-dry semi-moist food
Do you know the UPC code? ☐ Y ☐ N If yes, specify: __________________
Do you know the best by date of your current batch of food? If yes, Specify: __________________
Are you still using this food? ☐ Y ☐ N Start Date _____ / _____ / _____
If not using anymore: End date for feeding this food: _____ / _____ / _____
Frequency of use (per day): __________________ Amount per feeding: __________________
Feeding amount unit (cups, oz, etc.): __________________

How do you store your dog food? ☐ Original container ☐ Plastic container ☐ Other Specify: ___________________________
Where do you store your dog food? ☐ Indoors (room temperature) ☐ Indoors (unheated) ☐ Garage ☐ Barn/shed
☐ Refrigerator ☐ Freezer ☐ Outdoors ☐ Other Specify: ___________________________

Do you feed a secondary commercial dog food? Y / N (If yes: complete the following)
Brand name: ___________________________ Formulation: ___________________________

Where did you purchase this food?
☐ Big box store (Walmart, Target, etc.) ☐ Online retailer (Chewy.com, Amazon)
☐ Chain pet supply store (Petco, PetSmart, Tractor supply) ☐ Grocery store ☐ Pet boutique or small retail pet store
☐ Veterinarian ☐ Other Specify: ___________________________

Guaranteed analysis-crude protein min %: __________________ Guaranteed analysis-crude fat min %: __________________
Guaranteed analysis-crude fiber max %: __________________ Guaranteed analysis-moisture max %: __________________

Food type: ☐ Dry ☐ Canned ☐ Freeze dried ☐ Refrigerated/frozen raw food ☐ Semi-dry semi-moist food
Do you know the UPC code? ☐ Y ☐ N If yes, specify: __________________
Do you know the best by date of your current batch of food? If yes, Specify: __________________
Are you still using this food? ☐ Y ☐ N Start Date _____ / _____ / _____
If not using anymore: End date for feeding this food: _____ / _____ / _____
Frequency of use (per day): __________________ Amount per feeding: __________________
Feeding amount unit (cups, oz, etc.): __________________
**Home prepared food** If yes: complete the following

Do you feed your dog a raw or cooked homemade diet? ☐ Raw ☐ Cooked ☐ Both

Please copy your recipe into the area below:


If given both homemade and commercial: what percentage of your dog’s diet is home prepared food? ________________

---

<table>
<thead>
<tr>
<th>Type of Dairy</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
<th>Source (Fresh conventional, fresh organic, canned, frozen)</th>
<th>Preparation (cooked or uncooked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cottage cheese</td>
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<td></td>
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</tr>
<tr>
<td>Cream cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice cream/ frozen yogurt</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Milk</td>
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<tr>
<td>Soy milk</td>
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<tr>
<td>Yogurt</td>
<td></td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Do you add any DAIRY to your dog’s diet? ☐ Y ☐ N (if yes, complete the following table)
Do you add any FRUIT to your dog’s diet? □ Y □ N (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Fruit</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
<th>Source (Fresh conventional, fresh organic, canned, frozen)</th>
<th>Preparation (cooked or uncooked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple</td>
<td></td>
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<tr>
<td>Banana</td>
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<tr>
<td>Blueberry</td>
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<tr>
<td>Pear</td>
<td></td>
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<tr>
<td>Other:</td>
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</table>

Do you add any VEGETABLES to your dog’s diet? □ Y □ N (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Vegetable</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
<th>Source (Fresh conventional, fresh organic, canned, frozen)</th>
<th>Preparation (cooked or uncooked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell peppers</td>
<td></td>
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<tr>
<td>Broccoli/ cauliflower</td>
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<td></td>
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<tr>
<td>Cabbage/brussels sprouts</td>
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<tr>
<td>Carrots</td>
<td></td>
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<tr>
<td>Celery</td>
<td></td>
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<tr>
<td>Corn</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Green beans</td>
<td></td>
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<tr>
<td>Other beans (black, navy, pinto, kidney)</td>
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<tr>
<td>Peas/lima beans</td>
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<tr>
<td>Pumpkin/other winter squash</td>
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<tr>
<td>Spinach/other dark leafy greens</td>
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<tr>
<td>Sweet potatoes/ yams</td>
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<tr>
<td>Tomatoes</td>
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<tr>
<td>Tofu/other soy protein</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>
Do you add any MEAT to your dog’s diet? □ Y □ N  (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Meat</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
<th>Source (Fresh conventional, fresh organic, canned, frozen)</th>
<th>Preparation (cooked or uncooked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Fish</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lamb</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poultry - Chicken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poultry - Turkey</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Processed deli meats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tripe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wild game - Deer (venison)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wild game - Elk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wild game – Duck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wild game – Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Organ Meats: Specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you add any VEGETABLE OR FRUIT OILS to your dog’s diet? □ Y □ N  (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Vegetable or Fruit Oil</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canola</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coconut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunflower</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____________
Do you add any GRAINS to your dog’s diet?  □ Y  □ N  (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Grain</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooked brown rice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked white rice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crackers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oatmeal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pasta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popcorn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potato chips, tortilla chips, pretzels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes (including French fries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White bread</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole grain bread</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you add any ANIMAL OILS to your dog’s diet?  □ Y  □ N  (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Animal Oil</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding</th>
<th>Unit (cup, tbsp, oz.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef fat, meat juice, gravy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish oil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lard, suet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pork/Bacon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poultry fat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Do you add any NUT OILS to your dog’s diet? □ Y □ N (if yes: complete the following table)

<table>
<thead>
<tr>
<th>Type of Nut Oil</th>
<th>Frequency (never, daily, weekly, monthly)</th>
<th>Amount per feeding (cup, tbsp, oz.)</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peanut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your dog regularly (to include seasonally) eat additional unintended items?

- □ Acorns
- □ Carcasses
- □ Cardboard
- □ Flowers
- □ Garden vegetables
- □ Grass
- □ Mulch/Bark
- □ Pinecones
- □ Sticks
- □ Treated wood
- □ Other: ___________
- □ Feces (if yes: type)
  - □ Cat
  - □ Cattle
  - □ Deer/Elk
  - □ Dog, own
  - □ Other: ___________
- □ Dog
  - □ Other: ___________

Physical activity
In the past 12 months, on a daily average, provide the duration and potential sun exposure of your dog
Duration:
□ Less than 3 hours □ Between 3-8 hours □ Between 9-16 hours □ More than 16 hours
Location (usual type of surface): □ Concrete □ Dirt □ Grass □ Other Specify: ___________________________
Sun exposure: □ No access to full shade □ Access to full shade
Would you describe your dog’s activity level as: □ Little □ Moderate □ Very active □ None

Does your dog go swimming? □ Y □ N
If yes: Type of activity: □ Swim-cold water □ Swim-warm water
Frequency: □ More than daily □ Daily □ Weekly □ Monthly □ Rarely
Duration: □ Less than 10 minutes □ 10-30 minutes □ 31-60 minutes □ Greater than 60 minutes
Pace: □ Slow □ Average □ Brisk
Where does your dog swim? □ Swimming pool □ Pond/Lake □ Ocean □ River, stream, or agricultural (i.e. irrigation) ditch
On average, provide details on your dog’s activities:

<table>
<thead>
<tr>
<th>Type of activity: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency: [ ] More than daily [ ] Daily [ ] Weekly [ ] Monthly [ ] Rarely</td>
</tr>
<tr>
<td>Pace: [ ] Slow walk [ ] Average walk [ ] Brisk walk [ ] Jog [ ] Run</td>
</tr>
<tr>
<td>Surface: [ ] Asphalt [ ] Concrete/Cement [ ] Dirt [ ] Grass [ ] Rocky [ ] Sand [ ] Varied [ ] Other</td>
</tr>
<tr>
<td>Specify: __________________________</td>
</tr>
<tr>
<td>Grade: [ ] Flat [ ] Moderate [ ] Steep</td>
</tr>
<tr>
<td>How long has your dog been engaged in this activity (years / months)? __________________________</td>
</tr>
</tbody>
</table>
### CBARQ
#### TRAINING & OBEDIENCE

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>When off leash, returns immediately when called.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obey the “sit” command immediately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obey the “stay” command immediately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seems to attend/listen closely to everything you say or do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Slow to respond to correction or punishment, “thick-skinned”.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Slow to learn new tricks or tasks.</td>
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<td></td>
</tr>
<tr>
<td>Easily distracted by interesting sights, sounds or smells.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will “fetch” or attempt to fetch sticks, balls, or objects.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AGGRESSION

Some dogs display aggressive behavior from time to time. Typical signs of moderate aggression in dogs include barking, growling and baring teeth. More serious aggression generally includes snapping, lunging, biting, or attempting to bite. By choosing a radio button for a number on the following 5-point scales (0= No aggression, 4= Serious aggression), please indicate your own dog’s recent tendency to display aggressive behavior in each of the following contexts:

When verbally corrected or punished (scolded, shouted at, etc.) by you or a household member.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

When approached directly by an unfamiliar adult while being walked/exercised on a leash.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

When approached directly by an unfamiliar child while being walked/exercised on a leash.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

Towards unfamiliar persons approaching the dog while s/he is in your car (at the gas station for example).
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

When toys, bones or other objects are taken away by a household member.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

When bathed or groomed by a household member.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

When an unfamiliar person approaches you or another member of your family at home.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA

When unfamiliar persons approach you or another member of your family away from your home.
0 - No aggression: No visible signs of aggression
1
2 - Moderate aggression: Growling/barking-bearing teeth
3
4 - Serious aggression: Snaps, bites, or attempts to bite
5 - NA
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>When approached directly by a household member while s/he (the dog) is eating.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>When mailmen or other delivery workers approach your home.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>When his/her food is taken away by a household member.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>When joggers, cyclists, rollerbladers or skateboarders pass your home while your dog is outside or in the yard.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>When approached directly by an unfamiliar male dog while being walked/exercised on a leash.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>When approached directly by an unfamiliar female dog while being walked/exercised on a leash.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>When stared at directly by a member of the household.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Toward unfamiliar dogs visiting your home.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Toward cats, squirrels or other small animals entering your yard.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

Toward unfamiliar persons visiting your home.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

When barked, growled, or lunged at by another (unfamiliar) dog.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

When stepped over by a member of the household.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

When you or a household member retrieves food or objects stolen by the dog.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

Towards another (familiar) dog in your household.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

When approached at a favorite resting/sleeping place by another (familiar) household dog.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

When approached while eating by another (familiar) household dog.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA

When approached while playing with/chewing a favorite toy, bone, object, etc., by another (familiar) household dog.
- 0 - No aggression: No visible signs of aggression
- 1
- 2 - Moderate aggression: Growling/barking-bearing teeth
- 3
- 4 - Serious aggression: Snaps, bites, or attempts to bite
- 5 - NA
**FEAR & ANXIETY**

Dogs sometimes show signs of anxiety or fear when exposed to particular sounds, objects, persons or situations. Typical signs of mild to moderate fear include: avoiding eye contact, avoidance of the feared object; crouching or cringing with tail lowered or tucked between the legs; whimpering or whining, freezing, and shaking or trembling. Extreme fear is characterized by exaggerated cowering, and/or vigorous attempts to escape, retreat or hide from the feared object, person or situation. Using the following 5-point scales (0=No fear, 4=Extreme fear), please indicate your own dog’s recent tendency to display fearful behavior in each of the following circumstances:

---

When approached directly by an unfamiliar adult while away from your home.
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

When approached directly by an unfamiliar child while away from your home.
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

In response to sudden or loud noises (e.g. vacuum cleaner, car backfire, road drills, objects being dropped, etc.).
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

When unfamiliar persons visit your home.
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

When an unfamiliar person tries to touch or pet the dog.
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

In heavy traffic.
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

In response to strange or unfamiliar objects on or near the sidewalk (e.g. plastic trash bags, leaves, litter, flags flapping, etc.)
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA

When examined/treated by a veterinarian.
- 0 - No visible signs of fear
- 1
- 2 - Mild/moderate fear/anxiety
- 3
- 4 - Extreme fear: cowers, retreats or hides, etc.
- 5 - NA
During thunderstorms, firework displays, or similar events.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When approached directly by an unfamiliar dog of the same or larger size.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When approached directly by an unfamiliar dog of a smaller size.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When first exposed to unfamiliar situations (e.g. first car trip, first time in elevator, first visit to veterinarian, etc.).
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

In response to wind or wind-blown objects.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When having nails clipped by a household member.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When groomed or bathed by a household member.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When having his/her feet toweled by a member of the household.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When unfamiliar dogs visit your home.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)

When barked, growled, or lunged at by an unfamiliar dog.
- No visible signs of fear (0)
- Mild/moderate fear/anxiety (1)
- Extreme fear: cowers, retreats or hides, etc. (4)
- Not applicable (5)
SEPARATION-RELATED BEHAVIOR

Some dogs show signs of anxiety or abnormal behavior when left alone, even for relatively short periods of time. Thinking back over the recent past, how often has your dog shown each of the following signs of separation-related behavior when left, or about to be left, on its own:

Shaking, shivering or trembling
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Excessive salivation
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Restlessness, agitation, or pacing
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Whining
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Barking
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Howling
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Chewing or scratching at doors, floor, windows, curtains, etc.
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA

Loss of appetite
☐ Never  ☐ Seldom  ☐ Sometimes  ☐ Usually  ☐ Always  ☐ NA
EXCITABILITY

Some dogs show relatively little reaction to sudden or potentially exciting events and disturbances in their environment, while others become highly excited at the slightest novelty. Signs of mild to moderate excitability include increased alertness, movement toward the source of novelty, and brief episodes of barking. Extreme excitability is characterized by a general tendency to over-react. The excitable dog barks or yelps hysterically at the slightest disturbance, rushes towards and around any source of excitement, and is difficult to calm down. Using the following 5-point scales (0=Calm, 4=Extremely excitable), please indicate your own dog's recent tendency to become excitable in each of the following contexts:

When you or other members of the household come home after a brief absence
☐ 0 - Calm: Little or no special reaction
☐ 1
☐ 2 - Mild—Moderate excitability
☐ 3
☐ 4 - Extremely excitable: Over-reacts, hard to calm down.
☐ 5 - NA

When playing with you or other members of your household
☐ 0 - Calm: Little or no special reaction
☐ 1
☐ 2 - Mild—Moderate excitability
☐ 3
☐ 4 - Extremely excitable: Over-reacts, hard to calm down.
☐ 5 - NA

When doorbell rings
☐ 0 - Calm: Little or no special reaction
☐ 1
☐ 2 - Mild—Moderate excitability
☐ 3
☐ 4 - Extremely excitable: Over-reacts, hard to calm down.
☐ 5 - NA

Just before being taken for a walk
☐ 0 - Calm: Little or no special reaction
☐ 1
☐ 2 - Mild—Moderate excitability
☐ 3
☐ 4 - Extremely excitable: Over-reacts, hard to calm down.
☐ 5 - NA

Just before being taken on a car trip
☐ 0 - Calm: Little or no special reaction
☐ 1
☐ 2 - Mild—Moderate excitability
☐ 3
☐ 4 - Extremely excitable: Over-reacts, hard to calm down.
☐ 5 - NA

When visitors arrive at your home
☐ 0 - Calm: Little or no special reaction
☐ 1
☐ 2 - Mild—Moderate excitability
☐ 3
☐ 4 - Extremely excitable: Over-reacts, hard to calm down.
☐ 5 - NA
## ATTACHMENT & ATTENTION-SEEKING

Most dogs are strongly attached to their people, and some demand a great deal of attention and affection from them. Thinking back over the recent past, how often has your dog shown each of the following signs of attachment or attention-seeking?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays a strong attachment for one particular member of the household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tends to follow you (or other members of household) about the house, from room to room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tends to sit close to, or in contact with, you (or others) when you are sitting down</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tends to nudge, nuzzle or paw you (or others) for attention when you are sitting down</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becomes agitated (whines, jumps up, tries to intervene) when you (or others) show affection for another person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becomes agitated (whines, jumps up, tries to intervene) when you (or others) show affection for another dog or animal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## MISCELLANEOUS

Dogs display a wide range of miscellaneous behavior problems in addition to those already covered by this questionnaire. Thinking back over the recent past, please indicate how often your dog has shown any of the following behaviors:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chases or would chase cats given the opportunity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chases or would chase birds given the opportunity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chases or would chase squirrels, rabbits and other small animals given the opportunity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escapes or would escape from home or yard given the chance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolls in animal droppings or other ‘smelly’ substances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eats own or other animals' droppings or feces.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chews inappropriate objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mounts objects, furniture, or people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MORRIS ANIMAL FOUNDATION**

GOLDEN RETRIEVER LIFETIME STUDY
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begs persistently for food when people are eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steals food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous or frightened on stairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulls excessively hard when on the leash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinates against objects/ furnishings in your home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinates when approached, petted, handled or picked up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinates when left alone at night, or during the daytime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defecates when left alone at night, or during the daytime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive, restless, has trouble settling down</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playful, puppyish, boisterous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active, energetic, always on the go</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stares intently at nothing visible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snaps at (invisible) flies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chases own tail/hind end</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chases/follows shadows, light spots, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barks persistently when alarmed or excited</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licks him/herself excessively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licks people or objects excessively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays other bizarre, strange, or repetitive behavior(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ENVIRONMENT AND LIVING CONDITIONS

Please provide the number of rooms in your home with the following floor types (enter zero for none):
Wood flooring: ____________  Carpeted flooring: ________________  Tile flooring: ________________
Linoleum flooring: ________________  Laminate flooring: ________________ Other Specify: ________________

Where does your dog spend time during the day?
(please fill out both sections if both indoors and outdoors)

☐ Indoors
  If yes: Where does your dog spend most of the day?
    ☐ Indoor crate
    ☐ Hardwood flooring
    ☐ Linoleum flooring
    ☐ Cement flooring
    ☐ On or around furniture
    ☐ Laminate flooring
    ☐ Carpeted flooring

☐ Outdoors
  If yes: Please provide the percentage of time spent in each location (Note: answer must add up to 100%)
  Kennel _______%
  Garage _______%
  Fenced area _______%
  Chain or lead _______%
  Other _______%
  If other, specify: ________________

Where does your dog sleep most DAYS?

☐ In the house
  Where in the house?
    ☐ On your bed
    ☐ On a dog bed
  What is the bed filling?
    ☐ Foam
    ☐ With a cover
    ☐ Without a cover
    ☐ Polyester fill
    ☐ Cedar fill
    ☐ Polystyrene beads
    ☐ Other: ____________

  ☐ On furniture
    What is the furniture finish?
      ☐ Upholstered
      ☐ Leather
      ☐ Other: ____________

  ☐ On the floor
    What is the floor finish?
      ☐ Carpet
      ☐ Hardwood
      ☐ Cement
      ☐ Tile
      ☐ Linoleum
      ☐ Laminate
      ☐ Other: ____________

  ☐ Confined to a crate/kennel
    Crate/Kennel material?
      ☐ Plastic
      ☐ Metal
      ☐ Other: ____________

  ☐ Polystyrene beads
  ☐ Other: ____________

☐ Polystyrene beads
  ☐ Natural Surface
    ☐ Grass
    ☐ Dirt/gravel
    ☐ Other: ____________

  ☐ Other: ____________
### In the garage

Where in the garage?
- [ ] On your bed
- [ ] On a dog bed

What is the bed filling?
- [ ] Foam
- [ ] With a cover
- [ ] Without a cover
- [ ] Polyester fill
- [ ] Cedar fill
- [ ] Polystyrene beads
- [ ] Other: __________

What is the furniture finish?
- [ ] Upholstered
- [ ] Leather
- [ ] Other: __________

On the floor
What is the floor finish?
- [ ] Carpet
- [ ] Hardwood
- [ ] Cement
- [ ] Tile
- [ ] Linoleum
- [ ] Laminate
- [ ] Other: __________

Confined to a crate/kennel
Crate/Kennel material?
- [ ] Plastic
- [ ] Metal
- [ ] Other: __________

Bedding material?
- [ ] None
- [ ] Dog bed
- [ ] Foam
- [ ] With a cover
- [ ] Without a cover
- [ ] Polyester fill
- [ ] Cedar fill
- [ ] Polystyrene beads
- [ ] Other: __________

### Outside

Where outside?
- [ ] Confined to a crate/kennel

Crate/Kennel material?
- [ ] Plastic
- [ ] Metal
- [ ] Other: __________

Bedding material?
- [ ] None
- [ ] Dog bed
- [ ] Foam
- [ ] With a cover
- [ ] Without a cover
- [ ] Polyester fill
- [ ] Cedar fill
- [ ] Polystyrene beads
- [ ] Other: __________

Natural Surface
- [ ] Grass
- [ ] Dirt/gravel
- [ ] Other: __________
**Where does your dog sleep most NIGHTS?**

### In the house

<table>
<thead>
<tr>
<th>Option</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where in the house?</td>
<td></td>
</tr>
<tr>
<td>- On your bed</td>
<td></td>
</tr>
<tr>
<td>- On a dog bed</td>
<td></td>
</tr>
<tr>
<td>What is the bed filling?</td>
<td></td>
</tr>
<tr>
<td>- Foam</td>
<td></td>
</tr>
<tr>
<td>- With a cover</td>
<td></td>
</tr>
<tr>
<td>- Without a cover</td>
<td></td>
</tr>
<tr>
<td>- Polyester fill</td>
<td></td>
</tr>
<tr>
<td>- Cedar fill</td>
<td></td>
</tr>
<tr>
<td>- Polystyrene beads</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>What is the furniture finish?</td>
<td></td>
</tr>
<tr>
<td>- Upholstered</td>
<td></td>
</tr>
<tr>
<td>- Leather</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>On the floor</td>
<td></td>
</tr>
<tr>
<td>What is the floor finish?</td>
<td></td>
</tr>
<tr>
<td>- Carpet</td>
<td></td>
</tr>
<tr>
<td>- Hardwood</td>
<td></td>
</tr>
<tr>
<td>- Cement</td>
<td></td>
</tr>
<tr>
<td>- Tile</td>
<td></td>
</tr>
<tr>
<td>- Linoleum</td>
<td></td>
</tr>
<tr>
<td>- Laminate</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>Confined to a crate/ kennel</td>
<td></td>
</tr>
<tr>
<td>Crate/Kennel material?</td>
<td></td>
</tr>
<tr>
<td>- Plastic</td>
<td></td>
</tr>
<tr>
<td>- Metal</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>Bedding material?</td>
<td></td>
</tr>
<tr>
<td>- None</td>
<td></td>
</tr>
<tr>
<td>- Dog bed</td>
<td></td>
</tr>
<tr>
<td>- Foam</td>
<td></td>
</tr>
<tr>
<td>- With a cover</td>
<td></td>
</tr>
<tr>
<td>- Without a cover</td>
<td></td>
</tr>
<tr>
<td>- Polyester fill</td>
<td></td>
</tr>
<tr>
<td>- Cedar fill</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
</tbody>
</table>

### In the garage

<table>
<thead>
<tr>
<th>Option</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where in the garage?</td>
<td></td>
</tr>
<tr>
<td>- On your bed</td>
<td></td>
</tr>
<tr>
<td>- On a dog bed</td>
<td></td>
</tr>
<tr>
<td>What is the bed filling?</td>
<td></td>
</tr>
<tr>
<td>- Foam</td>
<td></td>
</tr>
<tr>
<td>- With a cover</td>
<td></td>
</tr>
<tr>
<td>- Without a cover</td>
<td></td>
</tr>
<tr>
<td>- Polyester fill</td>
<td></td>
</tr>
<tr>
<td>- Cedar fill</td>
<td></td>
</tr>
<tr>
<td>- Polystyrene beads</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>What is the furniture finish?</td>
<td></td>
</tr>
<tr>
<td>- Upholstered</td>
<td></td>
</tr>
<tr>
<td>- Leather</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>On the floor</td>
<td></td>
</tr>
<tr>
<td>What is the floor finish?</td>
<td></td>
</tr>
<tr>
<td>- Carpet</td>
<td></td>
</tr>
<tr>
<td>- Hardwood</td>
<td></td>
</tr>
<tr>
<td>- Cement</td>
<td></td>
</tr>
<tr>
<td>- Tile</td>
<td></td>
</tr>
<tr>
<td>- Linoleum</td>
<td></td>
</tr>
<tr>
<td>- Laminate</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>Confined to a crate/ kennel</td>
<td></td>
</tr>
<tr>
<td>Crate/Kennel material?</td>
<td></td>
</tr>
<tr>
<td>- Plastic</td>
<td></td>
</tr>
<tr>
<td>- Metal</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
<tr>
<td>Bedding material?</td>
<td></td>
</tr>
<tr>
<td>- None</td>
<td></td>
</tr>
<tr>
<td>- Dog bed</td>
<td></td>
</tr>
<tr>
<td>- Foam</td>
<td></td>
</tr>
<tr>
<td>- With a cover</td>
<td></td>
</tr>
<tr>
<td>- Without a cover</td>
<td></td>
</tr>
<tr>
<td>- Polyester fill</td>
<td></td>
</tr>
<tr>
<td>- Cedar fill</td>
<td></td>
</tr>
<tr>
<td>- Other: __________</td>
<td></td>
</tr>
</tbody>
</table>

- Other: __________
<table>
<thead>
<tr>
<th><strong>Outside</strong></th>
<th><strong>Bedding material?</strong></th>
<th><strong>Other:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Where outside?</td>
<td>□ Confined to a crate/kennel</td>
<td>□ None</td>
</tr>
<tr>
<td>Crate/Kennel material?</td>
<td>□ Plastic</td>
<td>□ Other: ________</td>
</tr>
<tr>
<td></td>
<td>□ Metal</td>
<td>□ Dog bed</td>
</tr>
<tr>
<td></td>
<td>□ Other: ________</td>
<td>□ Foam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ With a cover</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Without a cover</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Polyester fill</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Cedar fill</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Polystyrene beads</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other: ________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Natural Surface</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Grass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Dirt/gravels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other: ________</td>
</tr>
</tbody>
</table>

Do you characterize your dog as a licker or chewer? □ Y □ N
If yes: What does your dog lick or chew?

<table>
<thead>
<tr>
<th><strong>Their own body</strong></th>
<th><strong>Toys (type)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Their own body</td>
<td>□ Toys (type)</td>
</tr>
<tr>
<td>□ Walls</td>
<td>□ Plastic</td>
</tr>
<tr>
<td>□ Trees</td>
<td>□ Fabric</td>
</tr>
<tr>
<td>□ Floors</td>
<td>□ Stuffed</td>
</tr>
<tr>
<td>□ Carpets</td>
<td>□ Not stuffed</td>
</tr>
<tr>
<td>□ Furniture</td>
<td>□ Rubber</td>
</tr>
<tr>
<td>□ Plants</td>
<td>□ Hard</td>
</tr>
<tr>
<td>□ Clothes/shoes</td>
<td>□ Soft</td>
</tr>
<tr>
<td>□ Rocks</td>
<td>□ Metal</td>
</tr>
<tr>
<td>□ Other: ________</td>
<td>□ Other: ________</td>
</tr>
</tbody>
</table>
Do you use a gardening service? □ Y □ N

Is your home, your yard, your garden, a neighbor’s home, a neighbor’s yard, a neighbor’s garden or any nearby surrounding areas (including aerial spraying) treated:

☐ To control weeds
☐ Location:
☐ Home
☐ Yard
☐ Garden
☐ Neighbor’s home
☐ Neighbor’s yard
☐ Neighbor’s garden
☐ Surrounding area
☐ Brand: _________________
☐ Manufacturer: _________________
☐ How often is it applied?
☐ Year round
☐ Seasonally
☐ Infrequently
☐ Unknown

☐ To control insects
☐ Location:
☐ Home
☐ Yard
☐ Garden
☐ Neighbor’s home
☐ Neighbor’s yard
☐ Neighbor’s garden
☐ Surrounding area
☐ Brand: _________________
☐ Manufacturer: _________________
☐ How often is it applied?
☐ Year round
☐ Seasonally
☐ Infrequently
☐ Unknown

☐ To control fertilizer
☐ Location:
☐ Home
☐ Yard
☐ Garden
☐ Neighbor’s home
☐ Neighbor’s yard
☐ Neighbor’s garden
☐ Surrounding area
☐ Brand: _________________
☐ Manufacturer: _________________
☐ How often is it applied?
☐ Year round
☐ Seasonally
☐ Infrequently
☐ Unknown

In the past 12 months, how many times have you needed to call Poison Control or your veterinarian because your dog has ingested a poison or other hazardous material either inside or outside the home? ________________________________

If poisonous material has been ingested:

Do you know the poisonous material ingested? □ Y □ N (if yes: Specify: ________________________________)

Did any of the poisons or materials ingested require a visit to your veterinarian or emergency clinic? □ Y □ N
**OTHER ANIMALS**

Are there other animals that live with your dog? □ Y □ N
If yes: please list all animals

<table>
<thead>
<tr>
<th>Animal species: ____________________________</th>
<th>Animal species: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Indoor □ Outdoor □ Both</td>
<td>□ Indoor □ Outdoor □ Both</td>
</tr>
<tr>
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Indicate the average number of hours per day, over the past 12 months your dog has been exposed to secondhand smoke (from all sources including, cigarettes, cigars, pipes)? _______

Indicate if any of the following are used in your home?

□ Aerosols/air-fresheners/plug-in’s □ Stand-alone air cleaners □ HEPA filters in air circulation
□ Incense/candles □ Moth balls

Complete the following information for the primary address your dog has lived in the past 12 months

**Type of area** □ Urban □ Suburban □ Rural

**Type of home** □ Single family □ Apartment/condo/townhome □ Motor home

**Age of home (in years):** ____________

**Water source** □ Well □ Municipal □ Other Specify: __________________________

**Water filtration**: □ Y □ N □ Unknown

**Types of pipes in home** □ Copper/metal □ PVC/Plastic □ Unknown □ Other Specify: __________________________

**Frequent exposure to pond/lake water**: □ Y □ N □ Unknown

**Primary heating source**: □ Natural gas □ Electric □ Oil □ Wood □ Propane □ Unknown □ Other Specify: __________________________

**Secondary heating source**: □ Natural gas □ Electric □ Oil □ Wood □ Propane □ Unknown □ Other Specify: __________________________

**Primary cooking fuel source**: □ Natural gas □ Electric □ Propane □ Unknown □ Other Specify: __________________________

**Secondary cooking fuel source**: □ Natural gas □ Electric □ Propane □ Unknown □ Other Specify: __________________________

**Central AC?** □ Y □ N

**Room/window unit AC?** □ Y □ N
Wood-burning fireplace or wood stove? □ Y □ N
If yes: Number of times lit per week (cold months)? __________
Does your neighbor(s) use wood as a frequent/primary heating source? □ Y □ N □ Unknown

Any know exposure to Asbestos? □ Y □ N
Any known exposure to Radon? □ Y □ N

Complete the following information for the secondary address your dog has lived in the past 12 months
Type of area: □ Urban □ Suburban □ Rural
Type of home: □ Single family □ Apartment/condo/townhome □ Motor home
Age of home (in years): __________

Water source: □ Well □ Municipal □ Other (Specify: ________________________________)
Water filtration: □ Y □ N □ Unknown

Types of pipes in home
□ Copper/metal □ PVC/Plastic □ Unknown □ Other Specify: ________________________________
Frequent exposure to pond/lake water: □ Y □ N □ Unknown

Primary heating source: □ Natural gas □ Electric □ Oil □ Wood □ Propane □ Unknown
□ Other (Specify: ________________________________)
Secondary heating source: □ Natural gas □ Electric □ Oil □ Wood □ Propane □ Unknown
□ Other (Specify: ________________________________)
Primary cooking fuel source: □ Electric □ Natural gas □ Propane □ Unknown □ None
□ Other (Specify: ________________________________)
Primary cooking fuel source: □ Electric □ Natural gas □ Propane □ Unknown □ None
□ Other (Specify: ________________________________)

Central AC? □ Y □ N
Room/window unit AC? □ Y □ N

Wood-burning fireplace or wood stove? □ Y □ N
If yes: Number of times lit per week (cold months)? __________
Does your neighbor(s) use wood as a frequent/primary heating source? □ Y □ N □ Unknown

Any know exposure to Asbestos? □ Y □ N
Any known exposure to Radon? □ Y □ N