



ANNUAL VETERINARIAN QUESTIONNAIRE

Use this copy of the questionnaire to take notes during the Annual Study Visit. Then input these answers by logging into your account at grls.morrisanimafoundation.org.

GENERAL INFORMATION

Dog Name: _____

Dog ID Number: _____ Dog Sex Status: _____

Veterinary Visit Date: ___/___/___

Scan and verify the dog's microchip or verify the dog's tattoo number: _____

Was the dog fasted more than 2 hours prior to this visit? Y / N

If yes, how long was the dog fasted? _____ hours

Was the dog sedated or anesthetized for sample collection? Y / N

If yes, provide drug(s) administration time, dosage, and name: _____

DISORDERS, CONDITIONS, DISEASES

Has the dog been diagnosed with any disorders, conditions, or diseases in the last 12 months? Y / N

If yes, please enter diagnoses below. Feel free to make a copy of this page to enter more diagnoses if needed.

Diagnosis: _____ Location: _____ Type: _____

Date First Suspected/Noticed: ___/___/___

Diagnostics (list all): _____

Date of Diagnosis: ___/___/___ Date Resolved (if applicable): ___/___/___

If this is a malignancy, has a malignancy related questionnaire been submitted? Y / N

Diagnosis: _____ Location: _____ Type: _____

Date First Suspected/Noticed: ___/___/___

Diagnostics (list all): _____

Date of Diagnosis: ___/___/___ Date Resolved (if applicable): ___/___/___

If this is a malignancy, has a malignancy related questionnaire been submitted? Y / N



**MORRIS
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FOUNDATION**

**GOLDEN RETRIEVER
LIFETIME STUDY**

GENERAL PHYSICAL EXAM

Attitude: Normal Lethargic Agitated Moribund Not Evaluated

Appetite: Normal Reduced Normal Abnormal

Feces: Normal Abnormal Not Evaluated

Urination: Normal Abnormal Not Evaluated

Temperature (F): _____ Pulse (beats/min): _____ Respiratory Rate/min: _____

Body Weight (lbs or kgs): _____ Height if Evaluated (in or cm): _____

Capillary Refill Time: < 3 sec > 3 sec Not noted

Hydration Status: Normal Dehydrated Over Hydrated Not Evaluated

Mucous Membrane: Normal Cyanotic Icteric Injected Pale Petechiae Not Evaluated

Did this dog develop any superficial masses that you have not previously reported? Y / N

If yes, please attach a dermal mass map and provide length, width, height, location, and diagnostics performed.

Please explicitly note if no diagnostics were performed.

Were there any changes (include decrease in size and excision) to any superficial masses previously reported? Y / N

If yes, please attach a dermal mass map and provide length, width, height, location, and diagnostics performed. If yes, please attach a dermal mass map and provide length, width, height, location, and diagnostics performed. Please explicitly note if no diagnostics were performed.

MEDICATIONS & VACCINATIONS

Is this dog currently taking any medications, or have any medications been prescribed in the past 12 months? Y / N

FLEA, TICK, OR HEARTWORM MEDICATION

Medication Name: _____ Method of Administration: _____

Frequency: _____ Duration: _____ Duration Unit: Days Weeks Months

ANTIBIOTICS

Medication Name: _____ Method of Administration: _____

Frequency: _____ Duration: _____ Duration Unit: Days Weeks Months

NSAIDS

Medication Name: _____ Method of Administration: _____

Frequency: _____ Duration: _____ Duration Unit: Days Weeks Months

STEROIDS

Medication Name: _____ Method of Administration: _____

Frequency: _____ Duration: _____ Duration Unit: Days Weeks Months

ANY OTHER MEDICATIONS

Medication Name: _____ Method of Administration: _____

Frequency: _____ Duration: _____ Duration Unit: Days Weeks Months



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DID THIS DOG RECEIVE ANY VACCINATIONS DURING TODAY'S APPOINTMENT? Y/N

Vaccine Type: _____ Manufacturer: _____ Lot #: _____ Date: ____ / ____ / ____

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Vaccine Type: _____ Manufacturer: _____ Lot #: _____ Date: ____ / ____ / ____

Vaccine Type: _____ Manufacturer: _____ Lot #: _____ Date: ____ / ____ / ____

Did this dog receive any vaccinations in the past 12 months (that have not already been reported on a Veterinary Visit Form)? Y / N

Vaccine Type: _____ Manufacturer: _____ Lot #: _____ Date: ____ / ____ / ____

Vaccine Type: _____ Manufacturer: _____ Lot #: _____ Date: ____ / ____ / ____

Vaccine Type: _____ Manufacturer: _____ Lot #: _____ Date: ____ / ____ / ____

Have any vaccine related titer levels been evaluated for this dog? Y / N

Titers (check all that apply): Bordetella Lepto Parvo Distemper Rabies Other: _____