



ANNUAL OWNER QUESTIONNAIRE

DOG INFORMATION

Dog Name: _____

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

Color of Dog's Coat: Blonde Light Golden Medium Golden Dark Golden Red

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: _____



**MORRIS
ANIMAL
FOUNDATION**

**GOLDEN RETRIEVER
LIFE-TIME STUDY**

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

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

CARDIOVASCULAR/RESPIRATORY

- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Heartworm infection | <input type="checkbox"/> Pulmonic stenosis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Murmur | <input type="checkbox"/> Subaortic stenosis |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Cough | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |



**MORRIS
ANIMAL
FOUNDATION**

**GOLDEN RETRIEVER
LIFE TIME STUDY**

SKIN

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Demodectic mange | <input type="checkbox"/> Lick granuloma | <input type="checkbox"/> Sarcoptic mange |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Dermatophytosis | <input type="checkbox"/> Non-specific dermatitis | <input type="checkbox"/> Seasonal allergy |
| <input type="checkbox"/> Anal sac/gland disorder | <input type="checkbox"/> Dry skin | <input type="checkbox"/> Papilloma | <input type="checkbox"/> Sebaceous cyst |
| <input type="checkbox"/> Atopy | <input type="checkbox"/> Flea allergy dermatitis | <input type="checkbox"/> Perianal dermatitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bacterial dermatitis
(Pyoderma) | <input type="checkbox"/> Food allergy dermatitis | <input type="checkbox"/> Perivulvar dermatitis | |
| <input type="checkbox"/> Contact dermatitis | <input type="checkbox"/> Hot Spots | <input type="checkbox"/> Pododermatitis | |
| | <input type="checkbox"/> Ichthyosis | <input type="checkbox"/> Pruritis | |

ENDOCRINE CONDITIONS

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cushing's disease
(hyperadrenocorticism) | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Pancreatic insufficiency |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diabetes insipidus | <input type="checkbox"/> Hypercalcemia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Addison's disease
(hypoadrenocorticism) | | <input type="checkbox"/> Hypothyroidism | |

GASTROINTESTINAL CONDITIONS

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Chronic colitis | <input type="checkbox"/> Gastrointestinal
foreign body | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Malabsorptive disorder | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Bloat with torsion (GDV) | <input type="checkbox"/> Food sensitivity | <input type="checkbox"/> Megaesophagus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bloat without torsion | <input type="checkbox"/> Gastritis/Gastroenteritis | | |

HEMATOLOGIC CONDITIONS

- | | | | |
|-------------------------------|----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Unknown | <input type="checkbox"/> Anemia | <input type="checkbox"/> Other: _____ |
|-------------------------------|----------------------------------|---------------------------------|---------------------------------------|

URINARY CONDITIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bladder stones | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Crystalluria | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Proteinuria |
| <input type="checkbox"/> Bladder infection/cystitis | <input type="checkbox"/> Ectopic ureter | <input type="checkbox"/> Kidney infection/
Pyelonephritis | <input type="checkbox"/> Other: _____ |

NERVOUS SYSTEM CONDITIONS

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Dementia or senility | <input type="checkbox"/> Limb paralysis | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Horner's syndrome | <input type="checkbox"/> Myasthenia gravis | <input type="checkbox"/> Wobbler syndrome |
| <input type="checkbox"/> Cauda Equina Syndrome | <input type="checkbox"/> Laryngeal paralysis | <input type="checkbox"/> Seizures of unknown
origin | <input type="checkbox"/> Other: _____ |



MUSCULOSKELETAL CONDITIONS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Growth deformity | <input type="checkbox"/> Osteochondritis dissecans (OCD) | <input type="checkbox"/> Spondylosis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Hip dysplasia | <input type="checkbox"/> Wobbler syndrome | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Bone fractures | <input type="checkbox"/> Intervertebral disc disease | <input type="checkbox"/> Panosteitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cruciate ligament rupture | <input type="checkbox"/> Lameness | <input type="checkbox"/> Patellar luxation | |
| <input type="checkbox"/> Elbow dysplasia | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Rheumatoid arthritis | |

EYE CONDITIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Ectropion | <input type="checkbox"/> Keratoconjunctivitis Sicca (KCS) | <input type="checkbox"/> Third eyelid tear gland prolapse ("cherry eye") |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Entropion | <input type="checkbox"/> Pigmentary uveitis | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Progressive retinal atrophy or degeneration | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Imperforate lacrimal punctum | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corneal ulcer | <input type="checkbox"/> Iris cyst | | |
| <input type="checkbox"/> Distichiasis | | | |

EAR-NOSE-THROAT CONDITIONS

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Epistaxis | <input type="checkbox"/> Pharyngitis | <input type="checkbox"/> Upper respiratory infection |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Rhinitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aural hematoma | <input type="checkbox"/> Otitis externa | <input type="checkbox"/> Tonsillitis | |

REPRODUCTIVE CONDITIONS

- | | | | |
|-----------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Mastitis | <input type="checkbox"/> Preputial infection | <input type="checkbox"/> Vaginitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Papilloma/Genital warts | <input type="checkbox"/> Pyometra | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dystocia | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Recessed vulva | |

INFECTIOUS DISEASES/PARASITES

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Fleas | <input type="checkbox"/> Isospora | <input type="checkbox"/> Ticks |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Fungal infection
Specify: _____ | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Tracheobronchitis (kennel cough) |
| <input type="checkbox"/> Anaplasma | <input type="checkbox"/> Giardia | <input type="checkbox"/> Parvovirus | <input type="checkbox"/> Whipworms |
| <input type="checkbox"/> Babesia | <input type="checkbox"/> Granuloma | <input type="checkbox"/> Rocky Mountain spotted fever | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coccidia | <input type="checkbox"/> Hookworms | <input type="checkbox"/> Roundworms | |
| <input type="checkbox"/> Eimeria | <input type="checkbox"/> Influenza | <input type="checkbox"/> Tapeworms | |
| <input type="checkbox"/> Ehrlichia | | | |

OTHER CONDITIONS

- Other: _____



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

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

CARDIOVASCULAR/RESPIRATORY

- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Heartworm infection | <input type="checkbox"/> Pulmonic stenosis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Murmur | <input type="checkbox"/> Subaortic stenosis |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Cough | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |

SKIN

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Contact dermatitis | <input type="checkbox"/> Hot Spots | <input type="checkbox"/> Perivulvar dermatitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Demodectic mange | <input type="checkbox"/> Ichthyosis | <input type="checkbox"/> Pruritis |
| <input type="checkbox"/> Anal sac/gland disorder | <input type="checkbox"/> Dermatophytosis | <input type="checkbox"/> Lick granuloma | <input type="checkbox"/> Sarcoptic mange |
| <input type="checkbox"/> Atopy | <input type="checkbox"/> Dry skin | <input type="checkbox"/> Non-specific dermatitis | <input type="checkbox"/> Seasonal allergy |
| <input type="checkbox"/> Bacterial dermatitis
(Pyoderma) | <input type="checkbox"/> Flea allergy dermatitis | <input type="checkbox"/> Papilloma | <input type="checkbox"/> Sebaceous cyst |
| | <input type="checkbox"/> Food allergy dermatitis | <input type="checkbox"/> Perianal dermatitis | <input type="checkbox"/> Other: _____ |

ENDOCRINE CONDITIONS

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cushing's disease
(hyperadrenocorticism) | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Pancreatic insufficiency |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diabetes insipidus | <input type="checkbox"/> Hypercalcemia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Addison's disease
(hypoadrenocorticism) | | <input type="checkbox"/> Hypothyroidism | |



GASTROINTESTINAL CONDITIONS

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Chronic colitis | <input type="checkbox"/> Gastrointestinal foreign body | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Malabsorptive disorder | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Bloat with torsion (GDV) | <input type="checkbox"/> Food sensitivity | <input type="checkbox"/> Megaesophagus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bloat without torsion | <input type="checkbox"/> Gastritis/Gastroenteritis | | |

HEMATOLOGIC CONDITIONS

- | | | | |
|----------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Anemia | <input type="checkbox"/> Von Willebrand disease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Thrombocytopenia | | |

URINARY CONDITIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bladder stones | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Crystalluria | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Proteinuria |
| <input type="checkbox"/> Bladder infection/cystitis | <input type="checkbox"/> Ectopic ureter | <input type="checkbox"/> Kidney infection/
Pyelonephritis | <input type="checkbox"/> Other: _____ |

NERVOUS SYSTEM CONDITIONS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Dementia or senility | <input type="checkbox"/> Limb paralysis | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Horner's syndrome | <input type="checkbox"/> Myasthenia gravis | <input type="checkbox"/> Wobbler syndrome |
| <input type="checkbox"/> Cauda Equina Syndrome | <input type="checkbox"/> Laryngeal paralysis | <input type="checkbox"/> Seizures of unknown origin | <input type="checkbox"/> Other: _____ |

MUSCULOSKELETAL CONDITIONS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Growth deformity | <input type="checkbox"/> Osteochondritis dissecans (OCD) | <input type="checkbox"/> Spondylosis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Hip dysplasia | <input type="checkbox"/> Wobbler syndrome | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Bone fractures | <input type="checkbox"/> Intervertebral disc disease | <input type="checkbox"/> Panosteitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cruciate ligament rupture | <input type="checkbox"/> Lameness | <input type="checkbox"/> Patellar luxation | |
| <input type="checkbox"/> Elbow dysplasia | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Rheumatoid arthritis | |



EYE CONDITIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Ectropion | <input type="checkbox"/> Keratoconjunctivitis Sicca (KCS) | <input type="checkbox"/> Third eyelid tear gland prolapse ("cherry eye") |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Entropion | <input type="checkbox"/> Pigmentary uveitis | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Progressive retinal atrophy or degeneration | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Imperforate lacrimal punctum | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corneal ulcer | <input type="checkbox"/> Iris cyst | | |
| <input type="checkbox"/> Distichiasis | | | |

EAR-NOSE-THROAT CONDITIONS

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Epistaxis | <input type="checkbox"/> Pharyngitis | <input type="checkbox"/> Upper respiratory infection |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Rhinitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aural hematoma | <input type="checkbox"/> Otitis externa | <input type="checkbox"/> Tonsillitis | |

REPRODUCTIVE CONDITIONS

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Cryptorchid - Bilateral | <input type="checkbox"/> Preputial infection | <input type="checkbox"/> Prostatitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Mastitis | <input type="checkbox"/> Prostate abscess | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cryptorchid - Unilateral | <input type="checkbox"/> Papilloma/Genital warts | <input type="checkbox"/> Prostate enlargement (benign) | |

INFECTIOUS DISEASES/PARASITES

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Fleas | <input type="checkbox"/> Isospora | <input type="checkbox"/> Ticks |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Fungal infection
Specify: _____ | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Tracheobronchitis (kennel cough) |
| <input type="checkbox"/> Anaplasma | <input type="checkbox"/> Giardia | <input type="checkbox"/> Parvovirus | <input type="checkbox"/> Whipworms |
| <input type="checkbox"/> Babesia | <input type="checkbox"/> Granuloma | <input type="checkbox"/> Rocky Mountain spotted fever | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coccidia | <input type="checkbox"/> Hookworms | <input type="checkbox"/> Roundworms | |
| <input type="checkbox"/> Eimeria | <input type="checkbox"/> Influenza | <input type="checkbox"/> Tapeworms | |
| <input type="checkbox"/> Ehrlichia | | | |

OTHER CONDITIONS

- Other: _____



**MORRIS
ANIMAL
FOUNDATION**

**GOLDEN RETRIEVER
LIFETIME STUDY**

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

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

CARDIOVASCULAR/RESPIRATORY

- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Heartworm infection | <input type="checkbox"/> Pulmonic stenosis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Murmur | <input type="checkbox"/> Subaortic stenosis |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Cough | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |

SKIN

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

ENDOCRINE CONDITIONS

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cushing's disease (hyperadrenocorticism) | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Pancreatic insufficiency |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diabetes insipidus | <input type="checkbox"/> Hypercalcemia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Addison's disease (hypoadrenocorticism) | | <input type="checkbox"/> Hypothyroidism | |



GASTROINTESTINAL CONDITIONS

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Chronic colitis | <input type="checkbox"/> Gastrointestinal foreign body | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Malabsorptive disorder | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Bloat with torsion (GDV) | <input type="checkbox"/> Food sensitivity | <input type="checkbox"/> Megaesophagus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bloat without torsion | <input type="checkbox"/> Gastritis/Gastroenteritis | | |

HEMATOLOGIC CONDITIONS

- | | | | |
|----------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Anemia | <input type="checkbox"/> Von Willebrand disease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Thrombocytopenia | | |

URINARY CONDITIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bladder stones | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Crystalluria | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Proteinuria |
| <input type="checkbox"/> Bladder infection/cystitis | <input type="checkbox"/> Ectopic ureter | <input type="checkbox"/> Kidney infection/
Pyelonephritis | <input type="checkbox"/> Other: _____ |

NERVOUS SYSTEM CONDITIONS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Dementia or senility | <input type="checkbox"/> Limb paralysis | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Horner's syndrome | <input type="checkbox"/> Myasthenia gravis | <input type="checkbox"/> Wobbler syndrome |
| <input type="checkbox"/> Cauda Equina Syndrome | <input type="checkbox"/> Laryngeal paralysis | <input type="checkbox"/> Seizures of unknown origin | <input type="checkbox"/> Other: _____ |

MUSCULOSKELETAL CONDITIONS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Growth deformity | <input type="checkbox"/> Osteochondritis dissecans (OCD) | <input type="checkbox"/> Spondylosis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Hip dysplasia | <input type="checkbox"/> Wobbler syndrome | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Bone fractures | <input type="checkbox"/> Intervertebral disc disease | <input type="checkbox"/> Panosteitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cruciate ligament rupture | <input type="checkbox"/> Lameness | <input type="checkbox"/> Patellar luxation | |
| <input type="checkbox"/> Elbow dysplasia | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Rheumatoid arthritis | |



EYE CONDITIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Ectropion | <input type="checkbox"/> Keratoconjunctivitis Sicca (KCS) | <input type="checkbox"/> Third eyelid tear gland prolapse ("cherry eye") |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Entropion | <input type="checkbox"/> Pigmentary uveitis | <input type="checkbox"/> Trauma/Injury |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Progressive retinal atrophy or degeneration | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Imperforate lacrimal punctum | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corneal ulcer | <input type="checkbox"/> Iris cyst | | |
| <input type="checkbox"/> Distichiasis | | | |

EAR-NOSE-THROAT CONDITIONS

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Epistaxis | <input type="checkbox"/> Pharyngitis | <input type="checkbox"/> Upper respiratory infection |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Rhinitis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aural hematoma | <input type="checkbox"/> Otitis externa | <input type="checkbox"/> Tonsillitis | |

REPRODUCTIVE CONDITIONS

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Cryptorchid - Unilateral | <input type="checkbox"/> Prostatitis |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Preputial infection | <input type="checkbox"/> Cryptorchid - Bilateral | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dystocia | <input type="checkbox"/> Pyometra | <input type="checkbox"/> Prostate abscess | |
| <input type="checkbox"/> Mastitis | <input type="checkbox"/> Recessed vulva | <input type="checkbox"/> Prostate enlargement (benign) | |
| <input type="checkbox"/> Papilloma/Genital warts | <input type="checkbox"/> Vaginitis | | |

INFECTIOUS DISEASES/PARASITES

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Fleas | <input type="checkbox"/> Isospora | <input type="checkbox"/> Ticks |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Fungal infection
Specify: _____ | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Tracheobronchitis (kennel cough) |
| <input type="checkbox"/> Anaplasma | <input type="checkbox"/> Giardia | <input type="checkbox"/> Parvovirus | <input type="checkbox"/> Whipworms |
| <input type="checkbox"/> Babesia | <input type="checkbox"/> Granuloma | <input type="checkbox"/> Rocky Mountain spotted fever | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coccidia | <input type="checkbox"/> Hookworms | <input type="checkbox"/> Roundworms | |
| <input type="checkbox"/> Eimeria | <input type="checkbox"/> Influenza | <input type="checkbox"/> Tapeworms | |
| <input type="checkbox"/> Ehrlichia | | | |

OTHER CONDITIONS

- Other: _____

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 your 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 your 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 INTACT 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 give your dog DENTAL FOOD?
 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 MOUTHWASH/SPRAY?
 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.

<input type="checkbox"/> None	<input type="checkbox"/> Antihistamines Diphenhydramine	<input type="checkbox"/> Dewormer Specify: _____	<input type="checkbox"/> GI Protectants Specify: _____
<input type="checkbox"/> Antibiotic Ointment/Cream Specify: _____	<input type="checkbox"/> Antihistamines Benadryl®	<input type="checkbox"/> Ear Cleaners Specify: _____	<input type="checkbox"/> Motion Sickness Dramamine®
<input type="checkbox"/> Anti-Diarrheals Loperamide Imodium®	<input type="checkbox"/> Antihistamines Chlorpheniramine	<input type="checkbox"/> Eye Lubricants Specify: _____	<input type="checkbox"/> Motion Sickness Specify: _____
<input type="checkbox"/> Anti-Diarrheals Pepto-Bismol®	<input type="checkbox"/> Antihistamines Specify: _____	<input type="checkbox"/> GI Protectants Famotidine Pepcid®	<input type="checkbox"/> Steroid Ointment/Cream Specify: _____
<input type="checkbox"/> Anti-Diarrheals Specify: _____	<input type="checkbox"/> Anti-Inflammatories Buffered Aspirin	<input type="checkbox"/> GI Protectants Cimetidine Tagamet®	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Anti-Flatulent Specify: _____	<input type="checkbox"/> Anti-Inflammatories Specify: _____		

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

Type: _____
 Brand: _____
 UPC code: _____
 Amount: _____
 Unit: _____
 Frequency: _____

Type: _____
 Brand: _____
 UPC code: _____
 Amount: _____
 Unit: _____
 Frequency: _____

Type: _____
 Brand: _____
 UPC code: _____
 Amount: _____
 Unit: _____
 Frequency: _____

Type: _____
 Brand: _____
 UPC code: _____
 Amount: _____
 Unit: _____
 Frequency: _____

Type: _____
 Brand: _____
 UPC code: _____
 Amount: _____
 Unit: _____
 Frequency: _____

Type: _____
 Brand: _____
 UPC code: _____
 Amount: _____
 Unit: _____
 Frequency: _____

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? _____

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

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



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

Type of Fruit	Frequency (never, daily, weekly, monthly)	Amount per feeding	Unit (cup, tbsp, oz.)	Source (Fresh conventional, fresh organic, canned, frozen)	Preparation (cooked or uncooked)
Apple					
Banana					
Blueberry					
Pear					
Other: _____					

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

Type of Vegetable	Frequency (never, daily, weekly, monthly)	Amount per feeding	Unit (cup, tbsp, oz.)	Source (Fresh conventional, fresh organic, canned, frozen)	Preparation (cooked or uncooked)
Bell peppers					
Broccoli/ cauliflower					
Cabbage/brussels sprouts					
Carrots					
Celery					
Corn					
Green beans					
Other beans (black, navy, pinto, kidney)					
Peas/lima beans					
Pumpkin/other winter squash					
Spinach/other dark leafy greens					
Sweet potatoes/ yams					
Tomatoes					
Tofu/other soy protein					
Other: _____					



**MORRIS
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**GOLDEN RETRIEVER
LIFETIME STUDY**

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

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

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

Type of Vegetable or Fruit Oil	Frequency (never, daily, weekly, monthly)	Amount per feeding	Unit (cup, tbsp, oz.)
Canola			
Coconut			
Corn			
Olive			
Soy			
Sunflower			
Other: _____			



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

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

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

Type of Animal Oil	Frequency (never, daily, weekly, monthly)	Amount per feeding	Unit (cup, tbsp, oz.)
Beef fat, meat juice, gravy			
Fish oil			
Lard, suet			
Pork/Bacon			
Poultry fat			
Other: _____			

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

Type of Nut Oil	Frequency (never, daily, weekly, monthly)	Amount per feeding	Unit (cup, tbsp, oz.)
Peanut			
Other: _____			

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

<input type="checkbox"/> Acorns	<input type="checkbox"/> Mulch/Bark	<input type="checkbox"/> Feces (if yes: type)	<input type="checkbox"/> Dog
<input type="checkbox"/> Carcasses	<input type="checkbox"/> Pinecones	<input type="checkbox"/> Cat	Other: _____
<input type="checkbox"/> Cardboard	<input type="checkbox"/> Sticks	<input type="checkbox"/> Cattle	<input type="checkbox"/> Horse
<input type="checkbox"/> Flowers	<input type="checkbox"/> Treated wood	<input type="checkbox"/> Deer/Elk	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Garden vegetables	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Dog, own	
<input type="checkbox"/> Grass			

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:

Type of activity: _____

Frequency: More than daily Daily Weekly
 Monthly Rarely

Pace: Slow walk Average walk Brisk walk
 Jog Run

Surface: Asphalt Concrete/Cement Dirt
 Grass Rocky Sand Varied Other

Specify: _____

Grade: Flat Moderate Steep

How long has your dog been engaged in this activity
(years / months)? _____

Type of activity: _____

Frequency: More than daily Daily Weekly
 Monthly Rarely

Pace: Slow walk Average walk Brisk walk
 Jog Run

Surface: Asphalt Concrete/Cement Dirt
 Grass Rocky Sand Varied Other

Specify: _____

Grade: Flat Moderate Steep

How long has your dog been engaged in this activity
(years / months)? _____

Type of activity: _____

Frequency: More than daily Daily Weekly
 Monthly Rarely

Pace: Slow walk Average walk Brisk walk
 Jog Run

Surface: Asphalt Concrete/Cement Dirt
 Grass Rocky Sand Varied Other

Specify: _____

Grade: Flat Moderate Steep

How long has your dog been engaged in this activity
(years / months)? _____

Type of activity: _____

Frequency: More than daily Daily Weekly
 Monthly Rarely

Pace: Slow walk Average walk Brisk walk
 Jog Run

Surface: Asphalt Concrete/Cement Dirt
 Grass Rocky Sand Varied Other

Specify: _____

Grade: Flat Moderate Steep

How long has your dog been engaged in this activity
(years / months)? _____

Type of activity: _____

Frequency: More than daily Daily Weekly
 Monthly Rarely

Pace: Slow walk Average walk Brisk walk
 Jog Run

Surface: Asphalt Concrete/Cement Dirt
 Grass Rocky Sand Varied Other

Specify: _____

Grade: Flat Moderate Steep

How long has your dog been engaged in this activity
(years / months)? _____

CBARQ
TRAINING & OBEDIENCE

When off leash, returns immediately when called.

Never Seldom Sometimes Usually Always NA

Obeys the "sit" command immediately.

Never Seldom Sometimes Usually Always NA

Obeys the "stay" command immediately.

Never Seldom Sometimes Usually Always NA

Seems to attend/listen closely to everything you say or do.

Never Seldom Sometimes Usually Always NA

Slow to respond to correction or punishment, "thick-skinned".

Never Seldom Sometimes Usually Always NA

Slow to learn new tricks or tasks.

Never Seldom Sometimes Usually Always NA

Easily distracted by interesting sights, sounds or smells.

Never Seldom Sometimes Usually Always NA

Will "fetch" or attempt to fetch sticks, balls, or objects.

Never Seldom Sometimes Usually Always NA



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



When approached directly by a household member while s/he (the dog) is eating.

- 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 mailmen or other delivery workers approach 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 his/her food is 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 strangers walk past your home while your dog is outside or in the 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

When an unfamiliar person tries to touch or pet 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

When joggers, cyclists, rollerbladers or skateboarders pass your home while your dog is outside or in the 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

When approached directly by an unfamiliar male dog 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 female dog 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 stared at directly 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

Toward unfamiliar dogs 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

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.

- 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 dog of the same or larger size.

- 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 dog of a smaller size.

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

When first exposed to unfamiliar situations (e.g. first car trip, first time in elevator, first visit to veterinarian, etc.).

- 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 wind or wind-blown objects.

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

When having nails clipped by a household member.

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

When groomed or bathed by a household member.

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

When having his/her feet towed by a member of the household.

- 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 dogs 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 barked, growled, or lunged at by an unfamiliar dog.

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

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

Barking

Never Seldom Sometimes Usually Always NA

Excessive salivation

Never Seldom Sometimes Usually Always NA

Howling

Never Seldom Sometimes Usually Always NA

Restlessness, agitation, or pacing

Never Seldom Sometimes Usually Always NA

Chewing or scratching at doors, floor, windows, curtains, etc.

Never Seldom Sometimes Usually Always NA

Whining

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?

Displays a strong attachment for one particular member of the household

Never Seldom Sometimes Usually Always NA

Tends to nudge, nuzzle or paw you (or others) for attention when you are sitting down

Never Seldom Sometimes Usually Always NA

Tends to follow you (or other members of household) about the house, from room to room

Never Seldom Sometimes Usually Always NA

Becomes agitated (whines, jumps up, tries to intervene) when you (or others) show affection for another person

Never Seldom Sometimes Usually Always NA

Tends to sit close to, or in contact with, you (or others) when you are sitting down

Never Seldom Sometimes Usually Always NA

Becomes agitated (whines, jumps up, tries to intervene) when you (or others) show affection for another dog or animal

Never Seldom Sometimes Usually Always NA

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:

Chases or would chase cats given the opportunity

Never Seldom Sometimes Usually Always NA

Rolls in animal droppings or other 'smelly' substances

Never Seldom Sometimes Usually Always NA

Chases or would chase birds given the opportunity

Never Seldom Sometimes Usually Always NA

Eats own or other animals' droppings or feces.

Never Seldom Sometimes Usually Always NA

Chases or would chase squirrels, rabbits and other small animals given the opportunity

Never Seldom Sometimes Usually Always NA

Chews inappropriate objects

Never Seldom Sometimes Usually Always NA

Escapes or would escape from home or yard given the chance

Never Seldom Sometimes Usually Always NA

Mounts objects, furniture, or people

Never Seldom Sometimes Usually Always NA

Begs persistently for food when people are eating

Never Seldom Sometimes Usually Always NA

Steals food

Never Seldom Sometimes Usually Always NA

Nervous or frightened on stairs

Never Seldom Sometimes Usually Always NA

Pulls excessively hard when on the leash

Never Seldom Sometimes Usually Always NA

Urines against objects/ furnishings in your home

Never Seldom Sometimes Usually Always NA

Urines when approached, petted, handled or picked up

Never Seldom Sometimes Usually Always NA

Urines when left alone at night, or during the daytime

Never Seldom Sometimes Usually Always NA

Defecates when left alone at night, or during the daytime

Never Seldom Sometimes Usually Always NA

Hyperactive, restless, has trouble settling down

Never Seldom Sometimes Usually Always NA

Playful, puppyish, boisterous

Never Seldom Sometimes Usually Always NA

Active, energetic, always on the go

Never Seldom Sometimes Usually Always NA

Stares intently at nothing visible

Never Seldom Sometimes Usually Always NA

Snaps at (invisible) flies

Never Seldom Sometimes Usually Always NA

Chases own tail/hind end

Never Seldom Sometimes Usually Always NA

Chases/follows shadows, light spots, etc.

Never Seldom Sometimes Usually Always NA

Barks persistently when alarmed or excited

Never Seldom Sometimes Usually Always NA

Licks him/herself excessively

Never Seldom Sometimes Usually Always NA

Licks people or objects excessively

Never Seldom Sometimes Usually Always NA

Displays other bizarre, strange, or repetitive behavior(s)

Never Seldom Sometimes Usually Always NA



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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

Other: _____



Where does your dog sleep most NIGHTS?

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

Other: _____

Do you characterize your dog as a licker or chewer? Y N

If yes: What does your dog lick or chew?

Their own body

Walls

Trees

Floors

Carpets

Furniture

Plants

Clothes/shoes

Rocks

Other: _____

Toys (type)

Plastic

Fabric

Stuffed

Not stuffed

Rubber

Hard

Soft

Metal

Other: _____

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:

<input type="checkbox"/> To control weeds	<input type="checkbox"/> To control insects	<input type="checkbox"/> To control fertilizer
Location:	Location:	Location:
<input type="checkbox"/> Home	<input type="checkbox"/> Home	<input type="checkbox"/> Home
<input type="checkbox"/> Yard	<input type="checkbox"/> Yard	<input type="checkbox"/> Yard
<input type="checkbox"/> Garden	<input type="checkbox"/> Garden	<input type="checkbox"/> Garden
<input type="checkbox"/> Neighbor's home	<input type="checkbox"/> Neighbor's home	<input type="checkbox"/> Neighbor's home
<input type="checkbox"/> Neighbor's yard	<input type="checkbox"/> Neighbor's yard	<input type="checkbox"/> Neighbor's yard
<input type="checkbox"/> Neighbor's garden	<input type="checkbox"/> Neighbor's garden	<input type="checkbox"/> Neighbor's garden
<input type="checkbox"/> Surrounding area	<input type="checkbox"/> Surrounding area	<input type="checkbox"/> Surrounding area
Brand: _____	Brand: _____	Brand: _____
Manufacturer: _____	Manufacturer: _____	Manufacturer: _____
How often is it applied?	How often is it applied?	How often is it applied?
<input type="checkbox"/> Year round	<input type="checkbox"/> Year round	<input type="checkbox"/> Year round
<input type="checkbox"/> Seasonally	<input type="checkbox"/> Seasonally	<input type="checkbox"/> Seasonally
<input type="checkbox"/> Infrequently	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Infrequently
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> 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

Animal species: _____
 Indoor Outdoor Both
 Number of animals: _____

Animal species: _____
 Indoor Outdoor Both
 Number of animals: _____

Animal species: _____
 Indoor Outdoor Both
 Number of animals: _____

Animal species: _____
 Indoor Outdoor Both
 Number of animals: _____

Animal species: _____
 Indoor Outdoor Both
 Number of animals: _____

Animal species: _____
 Indoor Outdoor Both
 Number of animals: _____

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