



The goal of this section of the Annual Follow-Up is to confirm that we have up-to-date contact information for you. If you've made updates in the last year using the Update My Profile button in your personal portal, those changes should be reflected here.

You can also update information about secondary residences where your dog might spend significant amounts of time. When you are completing the rest of the Annual Follow-Up, answer the questions about home environment based on the Primary address, which is the location where your dog spends the majority of time. This location must be in the US. A secondary residence outside of the US is fine.

You will also be able to update your veterinary clinic and your alternate contact information. Please know that the only reason we would reach out to your alternate contact is if we were unable to reach you directly. We do not sell or use contact information for any purpose other than communicating with you about this research project.

On the subsequent screens, we will present you with the contact information we have on record for you. Please provide any updates or correct any mistakes that you find. All questions are required unless stated otherwise. Please answer to the best of your ability.

Primary Address

Our records show that your contact information is:

Display [st_owner_fname], [st_middle_initial], [st_owner_lname], [st_email], [st_2nd_email], [st_phone]

Has the owner name changed? **Withheld**

1 ☐ Yes 0 ☐ No



First Name: _____	Withheld
Middle Initial (optional): _____	Withheld
Last Name: _____	Withheld

Has the owner's email address changed? **Withheld**

1 ☐ Yes 0 ☐ No



Email address: _____	Withheld
Secondary email address (optional): _____	Withheld

Has the owner's phone number changed? **Withheld**

1 ☐ Yes 0 ☐ No



Phone number: _____	Withheld
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Including yourself, how many people live in your household? [afus_oc_household_person_count]

- ☐ 1 ☐ 4 ☐ 7 ☐ 10
☐ 2 ☐ 5 ☐ 8 ☐ 11
☐ 3 ☐ 6 ☐ 9 ☐ 12+ [12]

Number of adults (age 18 and over) in your household: [afus_oc_household_adult_count]

- ☐ 1 ☐ 5 ☐ 9
☐ 2 ☐ 6 ☐ 10+ [10]
☐ 3 ☐ 7
☐ 4 ☐ 8

Number of children (less than age 18) in your household: [afus_oc_household_child_count]

- ☐ 0 ☐ 4 ☐ 8
☐ 1 ☐ 5 ☐ 9
☐ 2 ☐ 6 ☐ 10+ [10]
☐ 3 ☐ 7



Primary Address

Our records show that your Primary Address (the place where your dog resides for the majority of time) is:

Display [withheld]

Has the address where your dog resides or your preferred mailing address changed? [afus_oc_primary_residence_change]

1 ☐ Yes 0 ☐ No

Street address: _____ Withheld

City: _____ Withheld

State: _____ [afus_oc_primary_residence_state: AL = Alabama, etc]

Division: _____ [afus_oc_primary_residence_census_division, based on afus_oc_primary_residence_state]

ZIP code: _____ Withheld

What date did your primary address change? _____ [afus_oc_primary_residence_change_date]

Is this your preferred mailing address? Withheld

1 ☐ Yes

0 ☐ No

What is your preferred mailing address?

Street address: _____

Withheld

City: _____

Withheld

State: _____ Withheld

ZIP code: _____ Withheld

For your primary address do you: [afus_oc_primary_residence_ownership]

1 ☐ Rent

2 ☐ Own

3 ☐ Life rent-free with family or friends

98 ☐ Other: [afus_oc_primary_residence_ownership_other_description]



Secondary Address

Do you have a secondary address (such as a vacation home, or lake cabin) where your dog also resides?

[afus_oc_secondary_residence]

- 1 ☐ Yes, in the United States (excluding US territories)
- 2 ☐ Yes, outside the United States (including US territories)
- 0 ☐ No

If 'Yes, in the United States (excluding US territories)':

If blank, secondary address was not previously provided.

Display [withheld]

Would you like to update your secondary address? [afus_oc_secondary_residence_change]

- 1 ☐ Yes 0 ☐ No



Street address: _____ Withheld

City: _____ Withheld

State: _____ [afus_oc_secondary_residence_state: AL = Alabama, etc]

ZIP code: _____ Withheld

What date did your primary address change? _____ [afus_oc_secondary_residence_change_date]

For your SECONDARY ADDRESS do you: [afus_oc_secondary_residence_ownership]

- 1 ☐ Rent
- 2 ☐ Own
- 3 ☐ Life rent-free with family or friends
- 98 ☐ Other: [afus_oc_secondary_residence_ownership_other_description]

What percent of time does your dog spend at the PRIMARY ADDRESS in an average year?

[afus_oc_primary_residence_time_percentage]

- 1 ☐ < 10% (less than 5 weeks)
- 2 ☐ Between 10% and 25% (more than 5 weeks and less than 3 months)
- 3 ☐ Between 25% and 50% (approximately 3-6 months)
- 4 ☐ Between 50% and 75% (approximately 6-9 months)
- 5 ☐ More than 75% (9 months or more)

(Continued)



(Continued)

What percent of time does your dog spend at the SECONDARY ADDRESS in an average year?

[afus_oc_secondary_residence_time_percentage]

- 1 ☐ < 10% (less than 5 weeks)
- 2 ☐ Between 10% and 25% (more than 5 weeks and less than 3 months)
- 3 ☐ Between 25% and 50% (approximately 3-6 months)
- 4 ☐ Between 50% and 75% (approximately 6-9 months)
- 5 ☐ More than 75% (9 months or more)

Alternate Contact

We want to make sure that we can continue to reach you and follow up with your dog over the period of this study. We will only use the alternate contact information if we have tried and failed to reach you.

If blank, alternate contact was not provided.

Display [withheld]

Has your alternate contact information changed? **Withheld**

1 ☐ Yes 0 ☐ No



Please enter the name of someone we can get in touch with if we are unable to reach you:

_____ **Withheld**

Email address: _____ **Withheld**

Retype email address: _____ **Withheld**

Phone number: _____ **Withheld**

Relationship to you (optional): **Withheld**

- 1 ☐ Significant other (spouse, domestic partner, etc.)
- 2 ☐ Family member
- 3 ☐ Friend
- 98 ☐ Other: _____ **Withheld**

(Continued)



(Continued)

Street address (optional): _____ Withheld

City (optional): _____ Withheld

State (optional): _____ Withheld

ZIP code (optional): _____ Withheld

About Your Veterinarian

Primary Care Veterinarian Clinic:

Display [withheld]

Has your veterinary information changed? **Withheld**

1 ☐ Yes **0** ☐ No



Clinic name: _____ Withheld

Doctor's name (if known): _____ Withheld

Doctor's last name: _____ Withheld

Clinic street address 1: _____ Withheld

Clinic street address 2 (as needed): _____ Withheld

Clinic city: _____ Withheld

Clinic state: _____ Withheld

Clinic ZIP code: _____ Withheld

Clinic phone: _____ Withheld

(Continued)



(Continued)

Can you provide the email address for your dog's primary care veterinarian? **Withheld**

Many clinics do not make their email address publicly available so you may need to call them to request it.

We are asking for this information because in some cases we may need to communicate directly with your primary care veterinarian. Also, for your dog to be eligible for certain additional studies within the Dog Aging Project, we require valid contact information for your clinic. We consider both you and your veterinarian to be essential partners in this research.

1 ☐ Yes

7 ☐ No, unable to locate my clinic's email address

8 ☐ No, my clinic doesn't have an email address

If Yes:

Clinic email: _____ **Withheld**

Retype clinic email: _____ **Withheld**

Woof! Thank you for making sure we have the most up-to-date contact information in our records. If you're ready to move on, please continue with the next section of the Annual Follow-Up once you are returned to the portal. If your dog is ready for some playtime, go have fun! All of your answers have been saved, and you can return to your personal portal to continue at any time.

Please click Submit below to finalize your answers and close this task.