



All questions are required unless stated otherwise. Please answer to the best of your ability.

Please note that dogs will NOT be excluded from the study due to the diagnosis of any specific disease. Owners should be prepared to give the approximate dates of diagnoses of any disease.

dog_owner

Would you say in general your dog's health is: *[hs_general_health]*

- 1 ☐ Excellent
- 2 ☐ Very good
- 3 ☐ Good
- 4 ☐ Fair
- 5 ☐ Poor
- 6 ☐ Very poor

dog_owner

In the past three months, has your dog been diagnosed with any new conditions? *[hs_new_condition_diagnosed_recently]*

- 1 ☐ Yes →
- 0 ☐ No

Were the conditions diagnosed in the past month?

dog_owner

- 1 ☐ Yes *[hs_new_condition_diagnosed_last_month]*
- 0 ☐ No

Does your dog have any ongoing medical conditions? *dog_owner*
[hs_chronic_condition_present]

- 1 ☐ Yes →
- 0 ☐ No

In the past three months, has your dog had any changes to the status of, or medications for, these conditions?

dog_owner

- 1 ☐ Yes *[hs_chronic_condition_recently_changed_or_treated]*
- 0 ☐ No

In the past three months, has your dog been hospitalized for more than 24 hours? *dog_owner*
[hs_recent_hospitalization]

- 1 ☐ Yes →
- 0 ☐ No

Reason for hospitalization (select all that apply):

dog_owner (all variables in this section)

- ☐ Spay or neuter *[hs_hospitalization_reason_spay_or_neuter]*
- ☐ Dentistry *[hs_hospitalization_reason_dentistry]*
- ☐ Boarding *[hs_hospitalization_reason_boarding]*
- ☐ Other: *[hs_hospitalization_reason_other_description]*
[hs_hospitalization_reason_other]



Was your dog born with a congenital disorder (defect present at birth)? **health_condition**

[hs_condition_is_congenital]

True ☐ Yes

False ☐ No —————> Skip to “Has your dog ever been diagnosed with any of the following conditions in any body system?”

health_condition - [hs_condition_type]

Did your dog’s congenital disorder affect the eyes, such as those listed below?

dog_owner

[hs_health_conditions_eye]

- Blindness
- Cataracts
- Glaucoma
- Keratoconjunctivitis sicca (KCS)
- Persistent pupillary membrane (PPM)
- Missing one or both eyes

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete eye disorders section below

☐ No —————> Skip to ear disorders section

Which congenital eye disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Blindness **[hs_condition]**
- ☐ Cataracts **[hs_condition]**
- ☐ Glaucoma **[hs_condition]**
- ☐ Keratoconjunctivitis sicca (KCS) **[hs_condition]**
- ☐ Persistent pupillary membrane (PPM) **[hs_condition]**
- ☐ Missing one or both eyes **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**

[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the ears, such as those listed below? **dog_owner**

[hs_health_conditions_ear]

- Deafness

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

- ☐ Yes —————> Complete ear disorders section below
- ☐ No —————> Skip to mouth or oral cavity disorders section

Which congenital ear disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Deafness [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the mouth or oral cavity, such as those listed below?

- Cleft lip
- Missing teeth
- Cleft palate

- ☐ Yes → Complete mouth or oral cavity disorders section below
- ☐ No → Skip to skin disorders section

Which congenital mouth or oral cavity disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cleft lip [hs_condition]
- ☐ Cleft palate [hs_condition]
- ☐ Missing teeth [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

dog_owner

[hs_health_conditions_oral]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: [hs_diagnosis_month]

Year: [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the skin, such as those listed below?

dog_owner

[hs_health_conditions_skin]

- Dermoid cysts
- Spina bifida
- Umbilical hernia

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

- ☐ Yes —————> Complete skin disorders section below
- ☐ No —————> Skip to heart (cardiac) disorders section

Which congenital skin disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Dermoid cysts [hs_condition]
- ☐ Spina bifida [hs_condition]
- ☐ Umbilical hernia [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the heart, such as those listed below? **dog_owner**

[hs_health_conditions_cardiac]

- Aortic/Subaortic stenosis
- Atrial septal defects
- Mitral dysplasia
- Murmur
- Patent ductus arteriosus (PDA)
- Persistent right aortic arch
- Pulmonic stenosis
- Tricuspid dysplasia
- Ventricular septal defects

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete heart (cardiac) disorders section below

☐ No —————> Skip to respiratory tract disorders section

Which congenital heart (cardiac) disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Aortic/Subaortic stenosis [hs_condition]
- ☐ Atrial septal defects [hs_condition]
- ☐ Mitral dysplasia [hs_condition]
- ☐ Murmur [hs_condition]
- ☐ Patent ductus arteriosus (PDA) [hs_condition]
- ☐ Persistent right aortic arch [hs_condition]
- ☐ Pulmonic stenosis [hs_condition]
- ☐ Tricuspid dysplasia [hs_condition]
- ☐ Ventricular septal defects [hs_condition]
- ☐ Other: [hs_condition_other_description]

[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the respiratory tract, such as those listed below?

- Stenotic/narrow nares (narrowing)
- Tracheal stenosis

- ☐ Yes —————> Complete respiratory tract disorders section below
- ☐ No —————> Skip to gastrointestinal disorders section

Which congenital respiratory tract disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Stenotic/narrow nares [hs_condition]
- ☐ Tracheal stenosis (narrowing) [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

dog_owner

[hs_health_conditions_respiratory]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the gastrointestinal tract, such as those listed below?

- *Atresia ani*
- *Megaesophagus*
- *Esophageal achalasia*
- *Umbilical hernia*

- ☐ Yes —————> *Complete gastrointestinal disorders section below*
- ☐ No —————> *Skip to liver disorders section*

Which congenital gastrointestinal disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Atresia ani [hs_condition]
- ☐ Esophageal achalasia [hs_condition]
- ☐ Megaesophagus [hs_condition]
- ☐ Umbilical hernia [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

dog_owner

[hs_health_conditions_gastrointestinal]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



Did your dog's congenital disorder affect the liver, such as those listed below? **dog_owner**

[hs_health_conditions_liver]

- *Portosystemic shunt*

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

- 1** ☐ Yes —————> *Complete liver disorders section below*
- 0** ☐ No —————> *Skip to kidney or urinary tract disorders section*

Which congenital liver disorder(s) was your dog born with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Portosystemic shunt **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.
health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** ☐ Yes
- 0** ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the kidneys or urinary tract, such as those listed below?

- Born with one kidney
- Ectopic ureter
- Patent urachus
- Renal cysts
- Renal dysplasia

dog_owner

[hs_health_conditions_kidney]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-

congenital disorder(s)

☐ Yes —————> Complete kidney or urinary tract disorders section below

☐ No —————> Skip to reproductive system disorders section

Which congenital kidney or urinary tract disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Born with one kidney [hs_condition]
- ☐ Ectopic ureter [hs_condition]
- ☐ Patent urachus [hs_condition]
- ☐ Renal cysts [hs_condition]
- ☐ Renal dysplasia [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the reproductive system, such as those listed below?

- Hermaphroditism
- Hypospadias
- Phimosis
- Cryptorchid

dog_owner

[hs_health_conditions_reproductive]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

1 ☐ Yes → Complete reproductive system disorders section below

0 ☐ No → Skip to bones of body or limbs disorders section

Which congenital reproductive system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cryptorchid **[hs_condition]**
- ☐ Hermaphroditism **[hs_condition]**
- ☐ Hypospadias **[hs_condition]**
- ☐ Phimosis **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**
↖ **[hs_condition]**

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the bones of body or limbs, such as those listed below?

- Missing a limb or part of a limb
- Valgus deformity
- Varus deformity

- ☐ Yes —————> Complete bones of body or limbs disorders section below
- ☐ No —————> Skip to brain/neurologic disorders section

Which congenital bones of body or limbs disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Missing a limb or part of a limb [hs_condition]
- ☐ Valgus deformity [hs_condition]
- ☐ Varus deformity [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

dog_owner

[hs_health_conditions_orthopedic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the brain or neurologic system, such as those listed below?

- Cerebellar hypoplasia
- Hydrocephalus

- ☐ Yes —————> Complete brain/neurologic disorders section below
- ☐ No —————> Skip to endocrine system disorders section

Which congenital brain or neurologic system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cerebellar hypoplasia [hs_condition]
- ☐ Hydrocephalus [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

dog_owner

[hs_health_conditions_neurological]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1 ☐ Required only surgery
- 2 ☐ Required only hospitalization
- 3 ☐ Required BOTH surgery and hospitalization
- 4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 ☐ Yes
- 0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the endocrine system, such as those listed below?

- Congenital hypothyroidism
- Pituitary dwarfism
- Juvenile hypoglycemia

dog_owner

[hs_health_conditions_endocrine]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes → Complete endocrine system disorders section below

☐ No → Skip to blood or lymphatic system disorders section

Which congenital endocrine system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Congenital hypothyroidism [hs_condition]
- ☐ Juvenile hypoglycemia [hs_condition]
- ☐ Pituitary dwarfism [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect the blood or lymphatic system, such as those listed below?

- Congenital dyserythropoiesis
- Macrothrombocytopenia
- Microcytosis or macrocytosis
- Pelger-Huet anomaly
- Phosphofructokinase (PFK) deficiency
- Pyruvate kinase (PK) deficiency

- ☐ Yes —————> Complete blood or lymphatic system disorders section below
- ☐ No —————> Skip to other congenital disorders section

dog_owner

[hs_health_conditions_hematologic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

Which congenital blood or lymphatic system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Congenital dyserythropoiesis **[hs_condition]**
- ☐ Macrothrombocytopenia **[hs_condition]**
- ☐ Microcytosis or macrocytosis **[hs_condition]**
- ☐ Pelger-Huet anomaly **[hs_condition]**
- ☐ Phosphofructokinase (PFK) deficiency **[hs_condition]**
- ☐ Pyruvate kinase (PK) deficiency **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**

[hs_condition]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** ☐ Yes
- 0** ☐ No



health_condition - [hs_condition_type]

Did your dog's congenital disorder affect another body system?

- ☐ Yes —————> *Complete other congenital disorders section below*
- ☐ No —————> *Skip to infectious or parasitic disease section*

dog_owner

[hs_health_conditions_other]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

What other kind of congenital disorder(s) was your dog born with?

health_condition (all variables in this section)

[hs_condition_other_description]

The following questions will appear after each disorder is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



Has your dog ever been diagnosed with any of the following conditions in any body system?

health_condition - [hs_condition_type]

Infectious or parasitic disease

This would include infectious or parasitic diseases like any of the following, or others not listed here:

- Anaplasmosis
- Aspergillosis
- Babesiosis
- Blastomycosis
- Bordetella and/or parainfluenza ("kennel cough")
- Brucellosis
- Campylobacteriosis
- Chagas disease (trypanosomiasis)
- Coccidia
- Coccidioidomycosis
- Cryptococcus
- Dermatophytosis ("ringworm")
- Distemper
- Ehrlichiosis
- Fever of unknown origin
- Gastrointestinal parasites
- Giardia
- Granuloma
- Heartworm infection
- Histoplasmosis
- Hepatozoonosis
- Hookworms
- Influenza
- Isospora
- Leishmaniasis
- Leptospirosis
- Lyme disease
- MRSA/MRSP
- Mycobacterium
- Parvovirus
- Plague (Yersinia pestis)
- Pythium
- Rocky Mountain Spotted Fever (RMSF)
- Roundworms
- Salmonellosis
- Salmon poisoning
- Tapeworms
- Toxoplasma
- Tularemia
- Whipworms

- ☐ Yes —————> Complete infectious or parasitic disease section below
- ☐ No —————> Skip to ingestion of toxic or controlled substance section

dog_owner

[hs_health_conditions_infectious_disease]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)



Which infectious or parasitic disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Anaplasmosis [hs_condition]
- ☐ Aspergillosis [hs_condition]
- ☐ Babesiosis [hs_condition]
- ☐ Blastomycosis [hs_condition]
- ☐ Bordetella and/or parainfluenza ("kennel cough") [hs_condition]
- ☐ Brucellosis [hs_condition]
- ☐ Campylobacteriosis [hs_condition]
- ☐ Chagas disease (trypanosomiasis) [hs_condition]
- ☐ Coccidia [hs_condition]
- ☐ Coccidioidomycosis [hs_condition]
- ☐ Cryptococcus [hs_condition]
- ☐ Dermatophytosis ("ringworm") [hs_condition]
- ☐ Distemper [hs_condition]
- ☐ Ehrlichiosis [hs_condition]
- ☐ Fever of unknown origin [hs_condition]
- ☐ Gastrointestinal parasites [hs_condition]
- ☐ Giardia [hs_condition]
- ☐ Granuloma [hs_condition]
- ☐ Heartworm infection [hs_condition]
- ☐ Histoplasmosis [hs_condition]
- ☐ Hepatozoonosis [hs_condition]
- ☐ Hookworms [hs_condition]
- ☐ Influenza [hs_condition]
- ☐ Isospora [hs_condition]
- ☐ Leishmaniasis [hs_condition]
- ☐ Leptospirosis [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Infectious or parasitic disease (continued)

Which infectious or parasitic disease(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

- ☐ Lyme disease [hs_condition]
- ☐ MRSA/MRSP [hs_condition]
- ☐ Mycobacterium [hs_condition]
- ☐ Parvovirus [hs_condition]
- ☐ Plague (Yersinia pestis) [hs_condition]
- ☐ Pythium [hs_condition]
- ☐ Rocky Mountain Spotted Fever (RMSF) [hs_condition]
- ☐ Roundworms [hs_condition]
- ☐ Salmonellosis [hs_condition]
- ☐ Salmon poisoning [hs_condition]
- ☐ Tapeworms [hs_condition]
- ☐ Toxoplasma [hs_condition]
- ☐ Tularemia [hs_condition]
- ☐ Whipworms [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Has your dog ever been diagnosed with any of the following conditions in any body system?

health_condition - [hs_condition_type]

Ingestion of toxic or controlled substance

This would include ingestion of toxic or controlled substances like any of the following, or others not listed here:

- Chocolate
- Ethylene glycol (antifreeze)
- Grapes or raisins
- Ingestion of human medications
- Ingestion of recreational drugs
- Mouse or rat bait/poison
- Overdose of medications prescribed to the dog

dog_owner

[hs_health_conditions_toxin_consumption]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete ingestion of toxic or controlled substance section below

☐ No —————> Skip to trauma section

What toxic or controlled substance(s) has your dog ingested? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Chocolate [hs_condition]
- ☐ Ethylene glycol (antifreeze) [hs_condition]
- ☐ Grapes or raisins [hs_condition]
- ☐ Ingestion of human medications [hs_condition]
- > What human medication(s) has your dog ingested? [hs_condition_other_description]
-

- ☐ Ingestion of recreational drugs [hs_condition]
- > What recreational drug(s) has your dog ingested? [hs_condition_other_description]
-

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Ingestion of toxic or controlled substance (continued)

What toxic or controlled substance(s) has your dog ingested? (select all that apply)
health_condition (all variables in this section)

☐ Mouse or rat bait/poison

→ What mouse or rat bait/poison has your dog ingested? (select all that apply)

☐ Bromethalin (or one that causes seizures) *[hs_condition]*

☐ Cholecalciferol (or one that causes kidney failure) *[hs_condition]*

☐ Warfarin (or one that causes bleeding) *[hs_condition]*

☐ Don't know *[hs_condition]*

☐ Overdose of medications prescribed to the dog *[hs_condition]*

→ What medication(s) prescribed to the dog has your dog overdosed on?
[hs_condition_other_description]

☐ Other: *[hs_condition_other_description]*

↙ *[hs_condition]*

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ *[hs_diagnosis_month]*

Year: _____ *[hs_diagnosis_year]*

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? *[hs_follow_up_ongoing]*

1 ☐ Yes

0 ☐ No



Has your dog ever been diagnosed with any of the following conditions in any body system?

health_condition - [hs_condition_type]

Trauma

This would include trauma like any of the following, or others not listed here:

- Bite wound from dog
- Bite wound from other animal
- Fall from height (such as down stairs or off balcony)
- Fractured bone
- Head trauma due to any cause
- Hit by car or other vehicle
- Kicked by horse or other large animal
- Laceration
- Penetrating wound (such as a stick)
- Proptosis (eye out of socket)
- Snakebite
- Tail injury
- Torn or broken toenail

dog_owner

[hs_health_conditions_trauma]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete trauma section below

☐ No —————> Skip to cancer/tumors section

What trauma(s) has your dog experienced? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Bite wound from dog [hs_condition]
- ☐ Bite wound from other animal [hs_condition]
- ☐ Fall from height (such as down stairs or off balcony) [hs_condition]
- ☐ Fractured bone [hs_condition]

What bone(s) has your dog fractured?
(select all that apply)

- ☐ Long bone in limb (femur or humerus) [hs_condition_other_description]
- ☐ Other bone in limb [hs_condition_other_description]
- ☐ Spine [hs_condition_other_description]
- ☐ Rib(s) [hs_condition_other_description]
- ☐ Flat bone of head or face [hs_condition_other_description]
- ☐ Head trauma due to any cause [hs_condition]
- ☐ Hit by car or other vehicle [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Trauma (continued)

What trauma(s) has your dog experienced? (select all that apply)

health_condition (all variables in this section)

- ☐ Kicked by horse or other large animal [hs_condition]
- ☐ Laceration [hs_condition]
- ☐ Penetrating wound (such as a stick) [hs_condition]
- ☐ Proptosis (eye out of socket) [hs_condition]
- ☐ Snakebite [hs_condition]
- ☐ Tail injury [hs_condition]
- ☐ Torn or broken toenail [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Has your dog ever been diagnosed with any of the following conditions in any body system?

Cancer or Tumors

dog_owner

[hs_health_conditions_cancer]

This would include cancer or tumors like any of the following, or others not listed here:

0 - No disorder(s)

2 - Only non-congenital disorder(s)

- Adrenal gland
- Anal sac
- Bladder or urethra
- Blood
- Bone or joint
- Brain
- Mammary (breast) tissue
- Cardiac (heart) tissue
- Ear
- Esophagus
- Eye
- Gallbladder or bile duct
- Gastrointestinal tract (stomach and/or intestine)
- Kidney
- Liver
- Lung
- Lymph nodes
- Muscle or other soft tissue
- Nose or nasal passage
- Nerve sheath
- Oral (mouth) cavity
- Ovary or uterus
- Pancreas
- Perianal area
- Pituitary gland
- Prostate
- Rectum
- Skin of trunk, body, or head
- Skin of limb or foot
- Spinal cord
- Spleen
- Testicle
- Thyroid
- Venereal (vagina, labia, penis, prepuce)

cancer_condition (all variables in this section)

1 ☐ Yes →

0 ☐ No → *Skip to eye disorders section*

When was your dog FIRST diagnosed with cancer?

Month: *[hs_initial_diagnosis_month]*

Year: *[hs_initial_diagnosis_year]*

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? *[hs_follow_up_ongoing]*

1 ☐ Yes

0 ☐ No

Complete cancer/tumors section below



Cancer/tumors (continued)

cancer_condition (all variables in this section)

Please select all areas of the body that were affected by cancer or tumors. *(select all that apply)*

Format: `hs_cancer_locations_...`

- | | |
|---|--|
| <input type="checkbox"/> Adrenal gland <code>[...adrenal_gland]</code> | <input type="checkbox"/> Skin of trunk, body, or head <code>[...skin_of_trunk_body_head]</code> |
| <input type="checkbox"/> Anal sac <code>[...anal_sac]</code> | <input type="checkbox"/> Skin of limb or foot <code>[...skin_of_limb_or_foot]</code> |
| <input type="checkbox"/> Bladder or urethra <code>[...bladder_or_urethra]</code> | <input type="checkbox"/> Spinal cord <code>[...spinal_cord]</code> |
| <input type="checkbox"/> Blood <code>[...blood]</code> | <input type="checkbox"/> Spleen <code>[...spleen]</code> |
| <input type="checkbox"/> Bone or Joint <code>[...bone_or_joint]</code> | <input type="checkbox"/> Testicle <code>[...testicle]</code> |
| <input type="checkbox"/> Brain <code>[...brain]</code> | <input type="checkbox"/> Thyroid <code>[...thyroid]</code> |
| <input type="checkbox"/> Mammary (breast) tissue <code>[...mammary_tissue]</code> | <input type="checkbox"/> Venereal (vagina, labia, penis, prepuce) <code>[...venereal]</code> |
| <input type="checkbox"/> Cardiac (heart) tissue <code>[...cardiac_tissue]</code> | <input type="checkbox"/> Other location of cancer: <code>[hles_cancer_locations_other_description]</code>
<code>[...other]</code> |
| <input type="checkbox"/> Ear <code>[...ear]</code> | <input type="checkbox"/> Don't know <code>[...unknown]</code> |
| <input type="checkbox"/> Esophagus <code>[...esophagus]</code> | |
| <input type="checkbox"/> Eye <code>[...eye]</code> | |
| <input type="checkbox"/> Gallbladder or bile duct <code>[...gallbladder_or_bile_duct]</code> | |
| <input type="checkbox"/> Gastrointestinal tract (stomach and/or intestine) <code>[...gastrointestinal_tract]</code> | |
| <input type="checkbox"/> Kidney <code>[...kidney]</code> | |
| <input type="checkbox"/> Liver <code>[...liver]</code> | |
| <input type="checkbox"/> Lung <code>[...lung]</code> | |
| <input type="checkbox"/> Lymph nodes <code>[...lymph_nodes]</code> | |
| <input type="checkbox"/> Muscle or other soft tissue <code>[...muscle_or_soft_tissue]</code> | |
| <input type="checkbox"/> Nose or nasal passage <code>[...nose_or_nasal_passage]</code> | |
| <input type="checkbox"/> Nerve sheath <code>[...nerve_sheath]</code> | |
| <input type="checkbox"/> Oral (mouth) cavity <code>[...oral_cavity]</code> | |
| <input type="checkbox"/> Ovary or uterus <code>[...ovary_or_uterus]</code> | |
| <input type="checkbox"/> Pancreas <code>[...pancreas]</code> | |
| <input type="checkbox"/> Perianal area <code>[...perianal_area]</code> | |
| <input type="checkbox"/> Pituitary gland <code>[...pituitary_gland]</code> | |
| <input type="checkbox"/> Prostate <code>[...prostate]</code> | |
| <input type="checkbox"/> Rectum <code>[...rectum]</code> | |



Cancer/tumors (continued)

cancer_condition (all variables in this section)

Please select which type(s) of cancer was diagnosed. (select all that apply)

Format: **hs_cancer_types_...**

- | | |
|---|---|
| <input type="checkbox"/> Adenoma (not listed elsewhere) [...adenoma] | <input type="checkbox"/> Rhabdomyosarcoma [...rhabdomyosarcoma] |
| <input type="checkbox"/> Adenocarcinoma (not listed elsewhere) [...adenocarcinoma] | <input type="checkbox"/> Sarcoma (not listed elsewhere) [...sarcoma] |
| <input type="checkbox"/> Basal cell tumor [...basal_cell_tumor] | <input type="checkbox"/> Sebaceous adenoma [...sebaceous_adenoma] |
| <input type="checkbox"/> Carcinoma (not listed elsewhere) [...carcinoma] | <input type="checkbox"/> Soft tissue sarcoma [...soft_tissue_sarcoma] |
| <input type="checkbox"/> Chondrosarcoma [...chondrosarcoma] | <input type="checkbox"/> Squamous cell carcinoma [...squamous_cell_carcinoma] |
| <input type="checkbox"/> Cystadenoma [...cystadenoma] | <input type="checkbox"/> Thymoma [...thymoma] |
| <input type="checkbox"/> Epidermoid cyst [...epidermoid_cyst] | <input type="checkbox"/> Transitional cell carcinoma [...transitional_cell_carcinoma] |
| <input type="checkbox"/> Epulides [...epulides] | <input type="checkbox"/> Other type of cancer: [...other_description]
[...other] |
| <input type="checkbox"/> Fibrosarcoma [...fibrosarcoma] | <input type="checkbox"/> Don't know [...unknown] |
| <input type="checkbox"/> Hemangioma [...hemangioma] | |
| <input type="checkbox"/> Hemangiosarcoma [...hemangiosarcoma] | |
| <input type="checkbox"/> Histiocytic sarcoma [...histiocytic_sarcoma] | |
| <input type="checkbox"/> Histiocytoma [...histiocytoma] | |
| <input type="checkbox"/> Insulinoma [...insulinoma] | |
| <input type="checkbox"/> Leukemia [...leukemia] | |
| <input type="checkbox"/> Leiomyoma [...leiomyoma] | |
| <input type="checkbox"/> Leiomyosarcoma [...leiomyosarcoma] | |
| <input type="checkbox"/> Lipoma [...lipoma] | |
| <input type="checkbox"/> Lymphoma/lymphosarcoma [...lymphoma_lymphosarcoma] | |
| <input type="checkbox"/> Mast cell tumor [...mast_cell_tumor] | |
| <input type="checkbox"/> Melanoma [...melanoma] | |
| <input type="checkbox"/> Meningioma [...meningioma] | |
| <input type="checkbox"/> Multiple myeloma [...multiple_myeloma] | |
| <input type="checkbox"/> Osteosarcoma [...osteosarcoma] | |
| <input type="checkbox"/> Papilloma [...papilloma] | |
| <input type="checkbox"/> Peripheral nerve sheath tumor [...peripheral_nerve_sheath_tumor] | |
| <input type="checkbox"/> Plasmacytoma [...plasmacytoma] | |

What type(s) of leukemia was diagnosed? (select all that apply)

- | |
|--|
| <input type="checkbox"/> Acute lymphoblastic leukemia (ALL) [hs_leukemia_types_acute] |
| <input type="checkbox"/> Chronic lymphocytic leukemia (CLL) [hs_leukemia_types_chronic] |
| <input type="checkbox"/> Other: [hs_leukemia_types_other_description]
[hs_leukemia_types_other] |
| <input type="checkbox"/> Don't know [hs_leukemia_types_unknown] |

What type(s) of lymphoma/lymphosarcoma was diagnosed? (select all that apply)

- | |
|--|
| <input type="checkbox"/> B cell [hs_lymphoma_lymphosarcoma_types_b_cell] |
| <input type="checkbox"/> T cell [hs_lymphoma_lymphosarcoma_types_t_cell] |
| <input type="checkbox"/> T zone [hs_lymphoma_lymphosarcoma_types_t_zone] |
| <input type="checkbox"/> Other: [hs_lymphoma_lymphosarcoma_types_other_description]
[hs_lymphoma_lymphosarcoma_types_other] |
| <input type="checkbox"/> Don't know [hs_lymphoma_lymphosarcoma_types_unknown] |



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems? (select all that apply)

health_condition - [hs_condition_type]

Eye disorders

This would include eye disorders like any of the following, or others not listed here:

- Adult-onset cataracts
- Blindness (acquired)
- Third eyelid prolapse (cherry eye)
- Conjunctivitis
- Corneal ulcer
- Distichia
- Dry eye (KCS)
- Ectropion (eyelid rolled out)
- Entropion (eyelid rolled in)
- Glaucoma
- Imperforate lacrimal punctum
- Iris cyst
- Juvenile cataracts
- Nuclear sclerosis (whitening of the eye)
- Pigmentary uveitis
- Progressive retinal atrophy or degeneration
- Retinal detachment
- Uveitis

☐ Yes —————> Complete eye disorders section below

☐ No —————> Skip to ear-nose-throat section

dog_owner

[hs_health_conditions_eye]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)



Eye disorders (continued)

What eye disorder(s) has your dog been diagnosed with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Adult-onset cataracts [hs_condition]
- ☐ Blindness (acquired) [hs_condition]
 - ↳ Is the cause of the blindness known? [hs_eye_condition_cause]
 - ☐ Yes
 - 99** ☐ No
- ☐ Third eyelid prolapse (cherry eye) [hs_condition]
- ☐ Conjunctivitis [hs_condition]
- ☐ Corneal ulcer [hs_condition]
- ☐ Distichia [hs_condition]
- ☐ Dry eye (KCS) [hs_condition]
- ☐ Ectropion (eyelid rolled out) [hs_condition]
- ☐ Entropion (eyelid rolled in) [hs_condition]
- ☐ Glaucoma [hs_condition]
- ☐ Imperforate lacrimal punctum [hs_condition]
- ☐ Iris cyst [hs_condition]
- ☐ Juvenile cataracts [hs_condition]
- ☐ Nuclear sclerosis (whitening of the eye) [hs_condition]
- ☐ Pigmentary uveitis [hs_condition]
- ☐ Progressive retinal atrophy or degeneration [hs_condition]
- ☐ Retinal detachment [hs_condition]
- ☐ Uveitis [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

What is the cause of the blindness? [hs_eye_condition_cause]

- 1** ☐ SARDS
- 2** ☐ Progressive retinal atrophy or degeneration
- 3** ☐ Retinal detachment
- 4** ☐ Collie eye anomaly
- 5** ☐ Cataracts
- 6** ☐ Enucleation
- 98** ☐ Other: [hs_condition_cause_other_description]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Ear, nose, and throat disorders

This would include ear, nose, and throat disorders like any of the following, or others not listed here:

- Chronic or recurrent ear infections
- Deafness (acquired)
- Ear mites
- Epistaxis (nose bleeds)
- Hearing loss (incompletely deaf)
- Hematoma
- Pharyngitis
- Rhinitis
- Tonsillitis

dog_owner

[hs_health_conditions_ear]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete ear, nose, and throat disorders section below

☐ No —————> Skip to dental/oral disease section

What ear, nose, and throat disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Chronic or recurrent ear infections [hs_condition]
- ☐ Deafness (acquired) [hs_condition]
- ☐ Ear mites [hs_condition]
- ☐ Epistaxis (nose bleeds) [hs_condition]
- ☐ Hearing loss (incompletely deaf) [hs_condition]
- ☐ Hematoma [hs_condition]
- ☐ Pharyngitis [hs_condition]
- ☐ Rhinitis [hs_condition]
- ☐ Tonsillitis [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Dental or oral disease

This would include dental or oral diseases like any of the following, or others not listed here:

- Dental calculus (yellow build-up on teeth)
- Extracted teeth
- Fractured teeth
- Gingivitis (red, puffy gums)
- Masticatory myositis
- Oronasal fistula
- Overbite
- Retained deciduous (baby) teeth
- Sialoceles
- Underbite

dog_owner

[hs_health_conditions_oral]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-

☐ Yes —————> Complete dental or oral disease section below

☐ No —————> Skip to skin disorders section

What dental or oral disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Dental calculus (yellow build-up on teeth) **[hs_condition]**
- ☐ Extracted teeth **[hs_condition]**
- ☐ Fractured teeth **[hs_condition]**
- ☐ Gingivitis (red, puffy gums) **[hs_condition]**
- ☐ Masticatory myositis **[hs_condition]**
- ☐ Oronasal fistula **[hs_condition]**
- ☐ Overbite **[hs_condition]**
- ☐ Retained deciduous (baby) teeth **[hs_condition]**
- ☐ Sialoceles **[hs_condition]**
- ☐ Underbite **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Skin disorders

This would include skin disorders like any of the following, or others not listed here:

- Alopecia (hair loss)
- Atopic dermatitis (atopy)
- Chronic or recurrent hot spots
- Chronic or recurrent skin infections
- Contact dermatitis
- Discoid lupus erythematosus (DLE)
- Flea allergy dermatitis
- Fleas
- Food or medicine allergies that affect the skin
- Ichthyosis
- Lick granuloma
- Non-specific dermatosis
- Panepidermal pustular pemphigus (PPP)
- Paraneoplastic pemphigus (PNP)
- Pemphigus erythematosus (PE)
- Pemphigus foliaceus (PF)
- Pemphigus vulgaris (PV)
- Pododermatitis
- Polymyositis
- Pruritis (itchy skin)
- Pyoderma or bacterial dermatitis
- Sarcoptic mange
- Seasonal allergies
- Sebaceous adenitis
- Sebaceous cysts
- Seborrhea or seborrheic dermatitis (greasy skin)
- Systemic demodectic mange
- Systemic lupus erythematosus (SLE)
- Ticks

☐ Yes —————> Complete skin disorders section below

☐ No —————> Skip to cardiac disorders section

dog_owner

[hs_health_conditions_skin]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)



Which skin disorder(s) has your dog been diagnosed with?
(select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Alopecia (hair loss) [hs_condition]
- ☐ Atopic dermatitis (atopy) [hs_condition]
- ☐ Chronic or recurrent hot spots [hs_condition]
- ☐ Chronic or recurrent skin infections [hs_condition]
- ☐ Contact dermatitis [hs_condition]
- ☐ Discoid lupus erythematosus (DLE) [hs_condition]
- ☐ Flea allergy dermatitis [hs_condition]
- ☐ Fleas [hs_condition]
- ☐ Food or medicine allergies that affect the skin [hs_condition]
- ☐ Ichthyosis [hs_condition]
- ☐ Lick granuloma [hs_condition]
- ☐ Non-specific dermatosis [hs_condition]
- ☐ Panepidermal pustular pemphigus (PPP) [hs_condition]
- ☐ Paraneoplastic pemphigus (PNP) [hs_condition]
- ☐ Pemphigus erythematosus (PE) [hs_condition]
- ☐ Pemphigus foliaceus (PF) [hs_condition]
- ☐ Pemphigus vulgaris (PV) [hs_condition]
- ☐ Pododermatitis [hs_condition]
- ☐ Polymyositis [hs_condition]
- ☐ Pruritis (itchy skin) [hs_condition]
- ☐ Pyoderma or bacterial dermatitis [hs_condition]
- ☐ Sarcoptic mange [hs_condition]
- ☐ Seasonal allergies [hs_condition]
- ☐ Sebaceous adenitis [hs_condition]
- ☐ Sebaceous cysts [hs_condition]
- ☐ Seborrhea or seborrheic dermatitis (greasy skin) [hs_condition]
- ☐ Systemic demodectic mange [hs_condition]
- ☐ Systemic lupus erythematosus (SLE) [hs_condition]
- ☐ Ticks [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Cardiac disorders

This would include cardiac disorders like any of the following, or others not listed here:

- Arrhythmia
- Cardiomyopathy
- Congestive heart failure
- Endocarditis
- Hypertension (high blood pressure)
- Murmur
- Pericardial effusion
- Pulmonary hypertension
- Pulmonic stenosis
- Subaortic stenosis
- Valve disease

dog_owner

[hs_health_conditions_cardiac]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

☐ Yes —————> Complete cardiac disorders section below

☐ No —————> Skip to respiratory disorders section

What cardiac disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Arrhythmia [hs_condition]
- ☐ Cardiomyopathy [hs_condition]
- ☐ Congestive heart failure [hs_condition]
- ☐ Endocarditis [hs_condition]
- ☐ Hypertension (high blood pressure) [hs_condition]
- ☐ Murmur [hs_condition]
- ☐ Pericardial effusion [hs_condition]
- ☐ Pulmonary hypertension [hs_condition]
- ☐ Pulmonic stenosis [hs_condition]
- ☐ Subaortic stenosis [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Cardiac disorders (continued)

What cardiac disorder(s) has your dog been diagnosed with? *(select all that apply)*

health_condition (all variables in this section)

☐ Valve disease *[hs_condition]*

→ Please specify the valve disease your dog was diagnosed with.

[hs_condition_other_description]

☐ Other: *[hs_condition_other_description]*

↖ *[hs_condition]*

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ *[hs_diagnosis_month]*

Year: _____ *[hs_diagnosis_year]*

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? *[hs_follow_up_ongoing]*

- 1** ☐ Yes
- 0** ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Respiratory disorders

This would include respiratory disorders like any of the following, or others not listed here:

- Acquired or acute respiratory distress syndrome (ARDS)
- Chronic or recurrent bronchitis
- Chronic or recurrent cough
- Chronic or recurrent rhinitis
- Elongated soft palate
- Laryngeal paralysis
- Lung lobe torsion
- Pneumonia
- Pulmonary bullae
- Stenotic/narrow nares
- Tracheal collapse
- Tracheal stenosis (narrowing)

☐ Yes —————> Complete respiratory disorders section below

☐ No —————> Skip to gastrointestinal disorders section

dog_owner [hs_health_conditions_respiratory]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

What respiratory disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Acquired or acute respiratory distress syndrome (ARDS) [hs_condition]
- ☐ Chronic or recurrent bronchitis [hs_condition]
- ☐ Chronic or recurrent cough [hs_condition]
- ☐ Chronic or recurrent rhinitis [hs_condition]
- ☐ Elongated soft palate [hs_condition]
- ☐ Laryngeal paralysis [hs_condition]
- ☐ Lung lobe torsion [hs_condition]
- ☐ Pneumonia [hs_condition]
- ☐ Pulmonary bullae [hs_condition]
- ☐ Stenotic/narrow nares [hs_condition]
- ☐ Tracheal collapse [hs_condition]
- ☐ Tracheal stenosis (narrowing) [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Gastrointestinal disorders

This would include skin disorders like any of the following, or others not listed here:

- Anal sac impaction
- Biliary vomiting syndrome
- Bloat with torsion (GDV)
- Chronic or recurrent diarrhea
- Chronic or recurrent vomiting
- Constipation
- Fecal incontinence
- Food or medicine allergies
- Foreign body ingestion or blockage
- Hemorrhagic gastroenteritis (HGE) or stress colitis (acute)
- Idiopathic canine colitis (chronic)
- Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD)
- Lymphangiectasia
- Malabsorptive disorder
- Megaesophagus
- Other allergies
- Protein-losing enteropathy (PLE)
- Pyloric stenosis

dog_owner [hs_health_gastrointestinal]

- ☐ Yes —————> Complete gastrointestinal section below
- ☐ No —————> Skip to liver or pancreas disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

Which gastrointestinal disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Anal sac impaction [hs_condition]
- ☐ Biliary vomiting syndrome [hs_condition]
- ☐ Bloat with torsion (GDV) [hs_condition]
- ☐ Chronic or recurrent diarrhea [hs_condition]
- ☐ Chronic or recurrent vomiting [hs_condition]
- ☐ Constipation [hs_condition]
- ☐ Fecal incontinence [hs_condition]
- ☐ Food or medicine allergies [hs_condition]
- ☐ Foreign body ingestion or blockage [hs_condition]
- ☐ Hemorrhagic gastroenteritis (HGE) or stress colitis (acute) [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Gastrointestinal disorders (continued)

Which gastrointestinal disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

- ☐ Idiopathic canine colitis (chronic) [hs_condition]
- ☐ Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD) [hs_condition]
- ☐ Lymphangiectasia [hs_condition]
- ☐ Malabsorptive disorder [hs_condition]
- ☐ Megaesophagus [hs_condition]
- ☐ Other allergies [hs_condition]
- ☐ Protein-losing enteropathy (PLE) [hs_condition]
- ☐ Pyloric stenosis [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** ☐ Yes
- 0** ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Liver or pancreas disorders

This would include liver or pancreas disorders like any of the following, or others not listed here:

- Biliary obstruction
- Chronic inflammatory liver disease
- Exocrine pancreatic insufficiency (EPI)
- Gall bladder mucocele
- Gall bladder rupture
- Gall bladder surgery
- Microvascular dysplasia (portal vein hypoplasia)
- Pancreatitis
- Portosystemic shunt (acquired)

dog_owner [hs_health_conditions_liver]

- ☐ Yes —————> Complete liver or pancreas disorders section below
- ☐ No —————> Skip to kidney or urinary disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

What liver or pancreas disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Biliary obstruction [hs_condition]
- ☐ Chronic inflammatory liver disease [hs_condition]
- ☐ Exocrine pancreatic insufficiency (EPI) [hs_condition]
- ☐ Gall bladder mucocele [hs_condition]
- ☐ Gall bladder rupture [hs_condition]
- ☐ Gall bladder surgery [hs_condition]
- ☐ Microvascular dysplasia (portal vein hypoplasia) [hs_condition]
- ☐ Pancreatitis [hs_condition]
- ☐ Portosystemic shunt (acquired) [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Kidney or urinary disorders

This would include kidney or urinary disorders like any of the following, or others not listed here:

- Acute kidney failure
- Bladder prolapse
- Chronic kidney disease
- Ectopic ureter
- Pyelonephritis (kidney infection)
- Kidney stones
- Proteinuria
- Renal dysplasia
- Tubular disorder (such as Fanconi syndrome)
- Urethral prolapse
- Urinary crystals or stones in bladder or urethra
- Urinary incontinence
- Urinary tract infection (chronic or recurrent)

dog_owner [hs_health_conditions_kidney]

☐ Yes —————> Complete kidney or urinary disorders section below

☐ No —————> Skip to reproductive system disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

What kidney or urinary disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Acute kidney failure **[hs_condition]**
- ☐ Bladder prolapse **[hs_condition]**
- ☐ Chronic kidney disease **[hs_condition]**
- ☐ Ectopic ureter **[hs_condition]**
- ☐ Pyelonephritis (kidney infection) **[hs_condition]**
- ☐ Kidney stones **[hs_condition]**
- ☐ Proteinuria **[hs_condition]**
- ☐ Renal dysplasia **[hs_condition]**
- ☐ Tubular disorder (such as Fanconi syndrome) **[hs_condition]**
- ☐ Urethral prolapse **[hs_condition]**
- ☐ Urinary crystals or stones in bladder or urethra **[hs_condition]**

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



Kidney or urinary disorders (continued)

What kidney or urinary disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

☐ Urinary incontinence **[hs_condition]**

↳ Is the cause of incontinence known? **[hs_condition_cause]**

1 ☐ Yes → What is the cause of incontinence?

0 ☐ No **[hs_condition_cause_other_description]**

☐ Urinary tract infection (chronic or recurrent)

☐ Other: **[hs_condition_other_description]** **[hs_condition]**
↖ **[hs_condition]**

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Reproductive system disorders

This would include reproductive system disorders like any of the following, or others not listed here:

- Benign prostatic hyperplasia
- Dystocia
- Irregular heat cycle
- Mastitis
- Papilloma (genital warts)
- Paraphimosis
- Prostatitis
- Preputial infection
- Pseudopregnancy
- Pyometra
- Recessed vulva
- Testicular atrophy
- Vaginitis

dog_owner [hs_health_conditions_reproductive]

- ☐ Yes —————> Complete reproductive system disorders section below
- ☐ No —————> Skip to orthopedic disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non- congenital disorder(s)

What reproductive system disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Benign prostatic hyperplasia [hs_condition]
- ☐ Dystocia [hs_condition]
- ☐ Irregular heat cycle [hs_condition]
- ☐ Mastitis [hs_condition]
- ☐ Papilloma (genital warts) [hs_condition]
- ☐ Paraphimosis [hs_condition]
- ☐ Prostatitis [hs_condition]
- ☐ Preputial infection [hs_condition]
- ☐ Pseudopregnancy [hs_condition]
- ☐ Pyometra [hs_condition]
- ☐ Recessed vulva [hs_condition]
- ☐ Testicular atrophy [hs_condition]
- ☐ Vaginitis [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Orthopedic disorders

This would include orthopedic disorders like any of the following, or others not listed here:

- Carpal subluxation syndrome
- Cruciate ligament rupture
- Degenerative joint disease
- Dwarfism
- Elbow dysplasia
- Growth deformity
- Hip dysplasia
- Intervertebral disc disease (IVDD)
- Lameness (chronic or recurrent)
- Osteoarthritis
- Osteochondritis dissecans (OCD)
- Osteomyelitis
- Panosteitis
- Patellar luxation
- Rheumatoid arthritis
- Spondylosis

- ☐ Yes —————> Complete orthopedic disorders section below
- ☐ No —————> Skip to neurologic disorders section

dog_owner [hs_health_conditions_orthopedic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

What orthopedic disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Carpal subluxation syndrome [hs_condition]
- ☐ Cruciate ligament rupture [hs_condition]
- ☐ Degenerative joint disease [hs_condition]
- ☐ Dwarfism [hs_condition]
- ☐ Elbow dysplasia [hs_condition]
- ☐ Growth deformity [hs_condition]
- ☐ Hip dysplasia [hs_condition]
- ☐ Intervertebral disc disease (IVDD) [hs_condition]
- ☐ Lameness (chronic or recurrent) [hs_condition]
- ☐ Osteoarthritis [hs_condition]
- ☐ Osteochondritis dissecans (OCD) [hs_condition]
- ☐ Osteomyelitis [hs_condition]
- ☐ Panosteitis [hs_condition]
- ☐ Patellar luxation [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Orthopedic disorders (continued)

What orthopedic disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

- ☐ Rheumatoid arthritis *[hs_condition]*
- ☐ Spondylosis *[hs_condition]*
- ☐ Other: *[hs_condition_other_description]*
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ *[hs_diagnosis_month]*

Year: _____ *[hs_diagnosis_year]*

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? *[hs_follow_up_ongoing]*

- 1** ☐ Yes
- 0** ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Neurologic disorders

This would include neurologic disorders like any of the following, or others not listed here:

- Cauda equina syndrome
- Degenerative myelopathy
- Dementia or senility
- Diskospondylitis
- Dysautonomia
- Fibrocartilaginous embolism (FCE)
- Horner's syndrome
- Intervertebral disc disease (IVDD)
- Laryngeal paralysis
- Limb paralysis
- Myasthenia gravis
- Polyneuropathy
- Seizures (including epilepsy)
- Vestibular disease
- Wobbler syndrome

dog_owner [hs_health_conditions_neurological]

☐ Yes —————> Complete neurologic disorders section below

☐ No —————> Skip to endocrine disorders section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

What neurologic disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Cauda equina syndrome [hs_condition]
- ☐ Degenerative myelopathy [hs_condition]
- ☐ Dementia or senility [hs_condition]
- ☐ Diskospondylitis [hs_condition]
- ☐ Dysautonomia [hs_condition]
- ☐ Fibrocartilaginous embolism (FCE) [hs_condition]
- ☐ Horner's syndrome [hs_condition]
- ☐ Intervertebral disc disease (IVDD) [hs_condition]
- ☐ Laryngeal paralysis [hs_condition]
- ☐ Limb paralysis [hs_condition]
- ☐ Myasthenia gravis [hs_condition]
- ☐ Polyneuropathy [hs_condition]
- ☐ Seizures (including epilepsy) [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Neurologic disorders (continued)

What neurologic disorder(s) has your dog been diagnosed with? (select all that apply)

health_condition (all variables in this section)

☐ Vestibular disease [hs_condition]

↳ What type of vestibular disease was your dog diagnosed with? [hs_condition]

1 ☐ Central

2 ☐ Peripheral

99 ☐ Unknown

☐ Wobbler syndrome [hs_condition]

☐ Other: [hs_condition_other_description]

↖ [hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Endocrine disorders

This would include endocrine disorders like any of the following, or others not listed here:

- | | | |
|--|--|---|
| • Addison's disease (hypoadrenocorticism; low adrenal function) | • Diabetes mellitus (common "diabetes" which causes high blood sugar) | • Hypoparathyroidism (low parathyroid function causing low calcium) |
| • Cushing's disease (hyperadrenocorticism; excess adrenal function) | • Hypercalcemia (excess calcium in the blood) | • Hyperthyroidism (excess thyroid function) |
| • Diabetes insipidus (rare "diabetes" which causes water balance problems) | • Hyperparathyroidism (excess parathyroid function causing high calcium) | • Hypothyroidism (low thyroid function) |

dog_owner [hs_health_conditions_endocrine]

☐ Yes —————> Complete endocrine disorders section below

☐ No —————> Skip to hematopoietic (blood/lymphatic) diseases section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

What endocrine disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Addison's disease (hypoadrenocorticism; low adrenal function) [hs_condition]
- ☐ Cushing's disease (hyperadrenocorticism; excess adrenal function) [hs_condition]
- ☐ Diabetes insipidus (rare "diabetes" which causes water balance problems) [hs_condition]
- ☐ Diabetes mellitus (common "diabetes" which causes high blood sugar) [hs_condition]
- ☐ Hypercalcemia (excess calcium in the blood) [hs_condition]
- ☐ Hyperparathyroidism (excess parathyroid function causing high calcium) [hs_condition]
- ☐ Hypoparathyroidism (low parathyroid function causing low calcium) [hs_condition]
- ☐ Hyperthyroidism (excess thyroid function) [hs_condition]
- ☐ Hypothyroidism (low thyroid function) [hs_condition]
- ☐ Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Hematopoietic (blood or lymphatic) disease

This would include hematopoietic (blood or lymphatic) diseases like any of the following, or others not listed here:

- Anemia
- Factor I deficiency
- Hemophilia
- Polycythemia
- Selective IgM deficiency
- Splenic hematoma
- Splenic torsion
- Thrombocytopenia (not immune-mediated)
- Thromboembolism
- Von Willebrand's disease

dog_owner

[hs_health_conditions_hematologic]

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

☐ Yes —————> Complete hematopoietic (blood or lymphatic) disease section below

☐ No —————> Skip to immune-mediated diseases section

What hematopoietic (blood or lymphatic) disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Anemia **[hs_condition]**
- ☐ Factor I deficiency **[hs_condition]**
- ☐ Hemophilia **[hs_condition]**
- ☐ Polycythemia **[hs_condition]**
- ☐ Selective IgM deficiency **[hs_condition]**
- ☐ Splenic hematoma **[hs_condition]**
- ☐ Splenic torsion **[hs_condition]**
- ☐ Thrombocytopenia (not immune-mediated) **[hs_condition]**
- ☐ Thromboembolism **[hs_condition]**
- ☐ Von Willebrand's disease **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** ☐ Required only surgery
- 2** ☐ Required only hospitalization
- 3** ☐ Required BOTH surgery and hospitalization
- 4** ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

health_condition - [hs_condition_type]

Immune-mediated disease

This would include immune-mediated diseases like any of the following, or others not listed here:

- Autoimmune thyroiditis
- Discoid lupus erythematosus (DLE)
- Idiopathic immune-mediated thrombocytopenia (IMT/ITP)
- Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA)
- Immune-mediated polyarthritis (IMPA)
- Panepidermal pustular pemphigus (PPP)
- Paraneoplastic pemphigus (PNP)
- Pemphigus erythematosus (PE)
- Pemphigus foliaceus (PF)
- Pemphigus vulgaris (PV)
- Polymyositis
- Systemic lupus erythematosus (SLE)

dog_owner [hs_health_conditions_immune]

☐ Yes —————> Complete immune-mediated disease section below

☐ No —————> Skip to next section

0 - No disorder(s)

1 - Only congenital disorder(s)

2 - Only non-congenital disorder(s)

3 - Both congenital and non-congenital disorder(s)

What immune-mediated disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

health_condition (all variables in this section)

- ☐ Autoimmune thyroiditis **[hs_condition]**
- ☐ Discoid lupus erythematosus (DLE) **[hs_condition]**
- ☐ Idiopathic immune-mediated thrombocytopenia (IMT/ITP) **[hs_condition]**
- ☐ Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA) **[hs_condition]**
- ☐ Immune-mediated polyarthritis (IMPA) **[hs_condition]**
- ☐ Panepidermal pustular pemphigus (PPP) **[hs_condition]**
- ☐ Paraneoplastic pemphigus (PNP) **[hs_condition]**
- ☐ Pemphigus erythematosus (PE) **[hs_condition]**
- ☐ Pemphigus foliaceus (PF) **[hs_condition]**
- ☐ Pemphigus vulgaris (PV) **[hs_condition]**
- ☐ Polymyositis **[hs_condition]**
- ☐ Systemic lupus erythematosus (SLE) **[hs_condition]**
- ☐ Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each condition is selected.

health_condition (all variables in this section)

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 ☐ Required only surgery

2 ☐ Required only hospitalization

3 ☐ Required BOTH surgery and hospitalization

4 ☐ Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 ☐ Yes

0 ☐ No



Is there anything that you need to tell us about any medical condition your dog has had (whether referenced above or not)? **dog_owner**

[hs_other_medical_info]

In addition to veterinary care and prescription medications, which of the following health care approaches have you utilized for your pet? *(select all that apply)*

dog_owner (all variables in this section)

- ☐ Acupuncture **[hs_alternative_care_acupuncture]**
- ☐ Herbal medicine **[hs_alternative_care_herbal_medicine]**
- ☐ Homeopathy **[hs_alternative_care_homeopathy]**
- ☐ Chiropractic care **[hs_alternative_care_chiropractic]**
- ☐ Massage **[hs_alternative_care_massage]**
- ☐ Rehabilitation therapy **[hs_alternative_care_rehabilitation_therapy]**
- ☐ Reiki **[hs_alternative_care_reiki]**
- ☐ Traditional Chinese medicine **[hs_alternative_care_traditional_chinese_medicine]**
- ☐ None of the above **[hs_alternative_care_none]**
- ☐ Other: **[hs_alternative_health_care_other_description]**
 ↖ **[hs_alternative_care_other]**

Woof! You've successfully completed this section of the Health and Life Experience Survey. Knowing about [dog name]'s medical and health history is a critical part of understanding the aging process in our canine companions. If you're ready to move on, please continue with the next section once you are returned to the portal. If it's time to take your dog for a walk, don't worry. All your answers have been saved, and you can return to your personal portal to continue at any time.



Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

1 Eye

- 101 Blindness
- 102 Cataracts
- 103 Glaucoma
- 104 Keratoconjunctivitis sicca (KCS)
- 105 Persistent pupillary membrane (PPM)
- 106 Missing one or both eyes
- 107 Third eyelid prolapse (cherry eye)
- 108 Conjunctivitis
- 109 Corneal ulcer
- 110 Distichia
- 111 Ectropion (eyelid rolled out)
- 112 Entropion (eyelid rolled in)
- 113 Imperforate lacrimal punctum
- 114 Iris cyst
- 115 Juvenile cataracts
- 116 Nuclear sclerosis
- 117 Pigmentary uveitis
- 118 Progressive retinal atrophy
- 119 Retinal detachment
- 120 Uveitis
- 198 Other eye condition

2 Ear/Nose/Throat

- 201 Deafness
- 202 Ear Infection
- 203 Ear Mites
- 204 Epistaxis (nose bleeds)
- 205 Hearing loss (incompletely deaf)
- 206 Hematoma
- 207 Pharyngitis
- 208 Rhinitis
- 209 Tonsillitis
- 298 Other ear condition

3 Mouth/Dental/Oral

- 301 Cleft lip
- 302 Cleft palate

- 303 Missing teeth
- 304 Dental calculus (yellow build-up on teeth)
- 305 Extracted teeth
- 306 Fractured teeth
- 307 Gingivitis (red, puffy gums)
- 308 Masticatory myositis
- 309 Oronasal fistula
- 310 Overbite
- 311 Retained deciduous (baby) teeth
- 312 Sialoceles
- 313 Underbite
- 398 Other oral condition

4 Skin

- 401 Dermoid cysts
- 402 Spina bifida
- 403 Umbilical hernia (Skin)
- 404 Alopecia (hair loss)
- 405 Atopic dermatitis (atopy)
- 406 Chronic or recurrent hot spots
- 407 Chronic or recurrent skin infections
- 408 Contact dermatitis
- 409 Discoid lupus erythematosus (DLE) (Skin)
- 410 Flea allergy dermatitis
- 411 Fleas
- 412 Food or medicine allergies that affect the skin
- 413 Ichthyosis
- 414 Lick granuloma
- 415 Non-specific dermatosis
- 416 Panepidermal pustular pemphigus (PPP) (Skin)
- 417 Paraneoplastic pemphigus (PNP) (Skin)
- 418 Pemphigus erythematosus (PE) (Skin)
- 419 Pemphigus foliaceus (PF) (Skin)
- 420 Pemphigus vulgaris (PV) (Skin)

- 421 Pododermatitis
- 422 Polymyositis (Skin)
- 423 Pruritis (itchy skin)
- 424 Pyoderma or bacterial dermatitis
- 425 Sarcoptic mange
- 426 Seasonal allergies
- 427 Sebaceous adenitis
- 428 Sebaceous cysts
- 429 Seborrhea or seborrheic dermatitis (greasy skin)
- 430 Systemic demodectic mange
- 431 Systemic lupus erythematosus (SLE) (Skin)
- 432 Ticks
- 498 Other skin condition

5 Cardiac

- 501 Aortic/Subaortic stenosis
- 502 Atrial septal defects
- 503 Mitral dysplasia
- 504 Murmur
- 505 Patent ductus arteriosus (PDA)
- 506 Persistent right aortic arch
- 507 Pulmonic stenosis
- 508 Tricuspid dysplasia
- 509 Ventricular septal defects
- 510 Arrhythmia
- 511 Cardiomyopathy
- 512 Congestive heart failure
- 513 Endocarditis
- 514 Hypertension (high blood pressure)
- 515 Pericardial effusion
- 516 Pulmonary hypertension
- 518 Subaortic stenosis
- 519 Valve disease
- 598 Other Cardiac

6 Respiratory

- 601 Stenotic/narrow nares
- 602 Tracheal stenosis (narrowing)
- 603 Acquired or acute respiratory distress syndrome (ARDS)
- 604 Chronic or recurrent bronchitis
- 605 Chronic or recurrent cough
- 606 Chronic or recurrent rhinitis
- 607 Elongated soft palate
- 608 Laryngeal paralysis (Respiratory)
- 609 Lung lobe torsion
- 610 Pneumonia
- 611 Pulmonary bullae
- 612 Tracheal collapse
- 698 Other respiratory condition

7 Gastrointestinal

- 701 Atresia ani
- 702 Esophageal achalasia
- 703 Megaesophagus
- 704 Umbilical hernia (Gastrointestinal)
- 705 Anal sac impaction
- 706 Bilious vomiting syndrome
- 707 Bloat with torsion (GDV)
- 708 Chronic or recurrent diarrhea
- 709 Chronic or recurrent vomiting
- 710 Constipation
- 711 Fecal incontinence
- 712 Food or medicine allergies
- 713 Foreign body ingestion or blockage
- 714 Hemorrhagic gastroenteritis (HGE) or stress colitis (acute)
- 715 Idiopathic canine colitis (chronic)
- 716 Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD)
- 717 Lymphangiectasia
- 718 Malabsorptive disorder

(continued)

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

7 Gastrointestinal (continued)	10 Reproductive	1119 Spondylosis	1309 Hyperparathyroidism (excess parathyroid function causing high calcium)
719 Other allergies	1001 Cryptorchid	1198 Other orthopedic condition	
720 Protein-losing enteropathy (PLE)	1002 Hermaphroditism		1310 Hypoparathyroidism (low parathyroid function causing low calcium)
721 Pyloric stenosis	1003 Hypospadias	12 Brain/Neurologic	
798 Other gastrointestinal condition	1004 Phimosis	1201 Cerebellar hypoplasia	1311 Hyperthyroidism (excess thyroid function)
	1005 Benign prostatic hyperplasia	1202 Hydrocephalus	1312 Hypothyroidism (low thyroid function)
8 Liver/Pancreas	1006 Dystocia	1203 Cauda equina syndrome	1398 Other endocrine condition
801 Portosystemic shunt	1007 Irregular heat cycle	1204 Degenerative myelopathy	
802 Biliary obstruction	1008 Mastitis	1205 Dementia or senility	
803 Chronic inflammatory liver disease	1009 Papilloma (genital warts)	1206 Diskospondylitis	
804 Exocrine pancreatic insufficiency (EPI)	1010 Paraphimosis	1207 Dysautonomia	14 Hematopoietic
805 Gall bladder mucocele	1011 Prostatitis	1208 Fibrocartilaginous embolism (FCE)	1401 Congenital dyserythropoiesis
806 Gall bladder rupture	1012 Preputial infection	1209 Horner's syndrome	1402 Macrothrombocytopenia
807 Gall bladder surgery	1013 Pseudopregnancy	1210 Intervertebral disc disease (IVDD) (Neurologic)	1403 Microcytosis or macrocytosis
808 Microvascular dysplasia (portal vein hypoplasia)	1014 Pyometra	1211 Laryngeal paralysis (Neurologic)	1404 Pelger-Huet anomaly
809 Pancreatitis	1015 Recessed vulva	1212 Limb paralysis	1405 Phosphofructokinase (PFK) deficiency
898 Other liver condition	1016 Testicular atrophy	1213 Myasthenia gravis	1406 Pyruvate kinase (PK) deficiency
	1017 Vaginitis	1214 Polyneuropathy	1407 Anemia
	1098 Other reproductive condition	1215 Seizures (including epilepsy)	1408 Factor I deficiency
9 Kidney/Urinary	11 Bone/Orthopedic	1216 Vestibular disease	1409 Hemophilia
901 Born with one kidney	1101 Missing a limb or part of a limb	1217 Wobbler syndrome	1410 Polycythemia
902 Ectopic ureter	1102 Valgus deformity	1298 Other neurologic condition	1411 Selective IgM deficiency
903 Patent urachus	1103 Varus deformity		1412 Splenic hematoma
904 Renal cysts	1104 Carpal subluxation syndrome	13 Endocrine	1413 Splenic torsion
905 Renal dysplasia	1105 Cruciate ligament rupture	1301 Congenital hypothyroidism	1414 Thrombocytopenia (not immune-mediated)
906 Acute kidney failure	1106 Degenerative joint disease	1302 Juvenile hypoglycemia	1415 Thromboembolism
907 Bladder prolapse	1107 Dwarfism	1303 Pituitary dwarfism	1416 Von Willebrand's disease
908 Chronic kidney disease	1108 Elbow dysplasia	1304 Addison's disease (hypoadrenocorticism; low adrenal function)	1498 Other Hematopoietic
909 Pyelonephritis (kidney infection)	1109 Growth deformity	1305 Cushing's disease (hyperadrenocorticism; excess adrenal function)	
910 Kidney stones	1110 Hip dysplasia		15 Other Congenital Disorder
911 Proteinuria	1111 Intervertebral disc disease (IVDD) (Orthopedic)	1306 Diabetes insipidus (rare diabetes which causes water balance problems)	1598 Other congenital disorder
912 Tubular disorder (such as Fanconi syndrome)	1112 Lameness (chronic or recurrent)	1307 Diabetes mellitus (common diabetes which causes high blood sugar)	
913 Urethral prolapse	1113 Osteoarthritis	1308 Hypercalcemia (excess calcium in the blood)	16 Infection/Parasites
914 Urinary crystals or stones in bladder or urethra	1114 Osteochondritis dissecans (OCD)		1601 Anaplasmosis
915 Urinary incontinence	1115 Osteomyelitis		1602 Aspergillosis
916 Urinary tract infection (chronic or recurrent)	1116 Panosteitis		1603 Babesiosis
998 Other kidney condition	1117 Patellar luxation		1604 Blastomycosis
	1118 Rheumatoid arthritis		(continued)

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

16 Infection/Parasites (continued)

- 1605 Bordetella and/or parainfluenza ("kennel cough")
- 1606 Brucellosis
- 1607 Campylobacteriosis
- 1608 Chagas disease (trypanosomiasis)
- 1609 Coccidia
- 1610 Coccidioidiomycosis
- 1611 Cryptococcus
- 1612 Dermatophytosis ("ringworm")
- 1613 Distemper
- 1614 Ehrlichiosis
- 1615 Fever of unknown origin
- 1616 Gastrointestinal parasites
- 1617 Giardia
- 1618 Granuloma
- 1619 Heartworm infection
- 1620 Histoplasmosis
- 1621 Hepatozoonosis
- 1622 Hookworms
- 1623 Influenza
- 1624 Isospora
- 1625 Leishmaniasis
- 1626 Leptospirosis
- 1627 Lyme disease
- 1628 MRSA/MRSP
- 1629 Mycobacterium
- 1630 Parvovirus
- 1631 Plague (Yersinia pestis)
- 1632 Pythium
- 1633 Rocky Mountain Spotted Fever (RMSF)
- 1634 Roundworms
- 1635 Salmonellosis
- 1636 Salmon poisoning
- 1637 Tapeworms
- 1638 Toxoplasma
- 1639 Tularemia
- 1640 Whipworms
- 1698 Other infectious disease

17 Toxin Consumption

- 1701 Chocolate
- 1702 Ethylene glycol (antifreeze)
- 1703 Grapes or raisins
- 1704 Ingestion of human medications
- 1705 Ingestion of recreational drugs
- 1706 Mouse or rat bait/poison (Bromethalin)
- 1707 Mouse or rat bait/poison (Calciferol)
- 1708 Mouse or rat bait/poison (Warfarin)
- 1709 Mouse or rat bait/poison (Other/Unknown)
- 1710 Overdose of medications prescribed to the dog
- 1798 Other Toxin Consumption

18 Trauma

- 1801 Dog bite
- 1802 Bite wound from another animal
- 1803 Fall from height
- 1804 Fractured bone (long bone in limb)
- 1805 Fractured bone (other bone in limb)
- 1806 Fractured bone (spine)
- 1807 Fractured bone (rib(s))
- 1808 Fractured bone (flat bone of head or face)
- 1809 Head trauma due to any cause
- 1810 Hit by car or other vehicle
- 1811 Kicked by horse or other large animal
- 1812 Laceration
- 1813 Penetrating wound (such as a stick)
- 1814 Proptosis (eye out of socket)
- 1815 Snakebite
- 1816 Tail injury
- 1817 Torn or broken toenail
- 1898 Other trauma

19 Immune-mediated

- 1901 Autoimmune thyroiditis
- 1902 Discoid lupus erythematosus (DLE) (Immune)
- 1903 Idiopathic immune-mediated thrombocytopenia (IMT/ITP)
- 1904 Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA)
- 1905 Immune-mediated polyarthritis (IMPA)
- 1906 Panepidermal pustular pemphigus (PPP) (Immune)
- 1907 Paraneoplastic pemphigus (PNP) (Immune)
- 1908 Pemphigus erythematosus (PE) (Immune)
- 1909 Pemphigus foliaceus (PF) (Immune)
- 1910 Pemphigus vulgaris (PV) (Immune)
- 1911 Polymyositis (Immune)
- 1912 Systemic lupus erythematosus (SLE) (Immune)
- 1998 Other Immune