



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

### Dental hygiene

	Never	Occasionally	Monthly	Weekly	Daily
How often do you examine your dog's teeth and mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you brush your dog's teeth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you give your dog a dental care treat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you give your dog a dental food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you give your dog a mouthwash or water additive to freshen their breath?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your dog undergone any dental procedures?

- ☐ Yes →
- ☐ No

Has your dog had a routine dental cleaning performed?

- ☐ Yes →
- ☐ No

Approximately how long ago was the last routine cleaning?

- ☐ Less than 6 months
- ☐ 6 months - 12 months
- ☐ More than 12 months
- ☐ Unknown

Has your dog had a dental extraction (tooth removal) performed?

- ☐ Yes →
- ☐ No

Approximately how long ago was the most recent extraction?

- ☐ Less than 6 months
- ☐ 6 months - 12 months
- ☐ More than 12 months
- ☐ Unknown

## Grooming

Is your dog ever professionally groomed?

- ☐ Yes →
- ☐ No

How often is your dog professionally groomed?

- ☐ Once a year
- ☐ 2 - 6 times per year
- ☐ 7 - 11 times per year
- ☐ Monthly
- ☐ Weekly

Please indicate which type of shampoo the groomer uses: *(select all that apply)*

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Regular shampoo for dogs | <input type="checkbox"/> None         |
| <input type="checkbox"/> Flea or tick control     | <input type="checkbox"/> Unknown      |
| <input type="checkbox"/> Medicated                | <input type="checkbox"/> Other: _____ |

Is your dog ever washed and/or groomed at home or a self-grooming facility?

- ☐ Yes →
- ☐ No

How often do you wash and/or groom your dog at home or a self-grooming facility?

- ☐ Once a year
- ☐ 2 - 6 times per year
- ☐ 7 - 11 times per year
- ☐ Monthly
- ☐ Weekly

Please indicate which type of shampoo you use: *(select all that apply)*

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Regular shampoo for dogs | <input type="checkbox"/> None         |
| <input type="checkbox"/> Flea or tick control     | <input type="checkbox"/> Unknown      |
| <input type="checkbox"/> Medicated                | <input type="checkbox"/> Other: _____ |

## Flea and tick control

Do you use any type of products for flea and tick control?

- ☐ Yes →
- ☐ No

Frequency of use?

- ☐ Occasionally
- ☐ Regularly for part of the year or seasonally
- ☐ Regularly for the entire year

Which of the following do you use for flea and tick control?

	Yes	No
Topical products	<input type="radio"/>	<input type="radio"/>
Oral products	<input type="radio"/>	<input type="radio"/>
Dip solution	<input type="radio"/>	<input type="radio"/>
Medicated collars	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>

## Heartworm preventives

Do you use any type of heartworm prevention?

- ☐ Yes →
- ☐ No

Frequency of use?

- ☐ Occasionally
- ☐ Regularly for part of the year or seasonally
- ☐ Regularly for the entire year

Which of the following do you use for heartworm prevention?

	Yes	No
Oral tablets/chewable medications	<input type="radio"/>	<input type="radio"/>
Oral solution	<input type="radio"/>	<input type="radio"/>
Topical medications	<input type="radio"/>	<input type="radio"/>
Injectable medications	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>



Has your dog been vaccinated?

- ☐ Yes, my dog is vaccinated against various diseases as recommended by my veterinarian
- ☐ Yes, my dog is vaccinated only against rabies virus
- ☐ Yes, my dog was vaccinated as a puppy but not as an adult
- ☐ No, my dog is not vaccinated
- ☐ I don't know

### Non-prescription medications

Please indicate any non-prescription medications or supplements you have given your dog or used on your dog IN THE PAST YEAR.

	Yes	No
Antibiotic ointment or cream	<input type="radio"/>	<input type="radio"/>
Antihistamines (such as Benadryl)	<input type="radio"/>	<input type="radio"/>
Anti-Inflammatories	<input type="radio"/>	<input type="radio"/>
Ear cleaners	<input type="radio"/>	<input type="radio"/>
Enzymes	<input type="radio"/>	<input type="radio"/>
Eye lubricants	<input type="radio"/>	<input type="radio"/>
Joint supplements	<input type="radio"/>	<input type="radio"/>
Medications for stomach or GI upset (such as Pepcid)	<input type="radio"/>	<input type="radio"/>
Omega-3 or other fatty acids or fish oils	<input type="radio"/>	<input type="radio"/>
Skin coat supplement other than oils	<input type="radio"/>	<input type="radio"/>
Probiotics	<input type="radio"/>	<input type="radio"/>
Supplement to acidify urine	<input type="radio"/>	<input type="radio"/>
Supplement to alkalinize urine	<input type="radio"/>	<input type="radio"/>
Vitamins	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>

Woof! You've successfully finished describing the various medications and preventives that [dog name] is given in this section of the Health and Life Experience Survey! These will help us understand the role they play in healthy aging. 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.