

After you complete all sections of the Health and Life Experience Survey, your dog will be an official member of the Dog Aging Project Pack! The information you have provided about your dog will be analyzed by our research team to discover associations between life experiences and healthy lifespan. Thank you for your participation in this important work!

As a member of the DAP Pack, you may have the opportunity to participate in additional studies currently underway or in future studies. If your dog is selected, we would give you more detailed information about the study before you had to decide whether or not to participate. Please indicate your interest and/or ability to participate in any, or all, of these additional studies.

Some of our additional studies include analyzing your dog's veterinary medical records. Do you have a primary care veterinarian that provides most or all of your dog's medical care? **[fs\_primary\_care\_veterinarian\_exists]**

**1** ☐ Yes

**0** ☐ No → **Skip to Q7**

As part of our project and to assess your dog's eligibility for additional studies, do you give consent for your primary care veterinarian to share your dog's medical records with us? **[fs\_primary\_care\_veterinarian\_consent\_share\_vemr]**

**1** ☐ Yes

**0** ☐ No → **Skip to Q7**

3. Please provide your primary care veterinarian's information. If your dog sees more than one veterinarian, please provide the one seen most often for routine care. **(Only asked if VEMR eligible)**

Clinic name: **Withheld**

Doctor's first name (if known): **Withheld**

Doctor's last name: **Withheld**

Clinic street address 1: **Withheld**

Clinic street address 2 (as needed): **Withheld**

Clinic city: **Withheld**

Clinic state: **[fs\_primary\_care\_veterinarian\_state: AL = Alabama, etc.]**

Clinic ZIP: **[fs\_primary\_care\_veterinarian\_zip]**

Clinic phone: **Withheld**

Can you provide the email address for your dog's primary care veterinarian? **[fs\_primary\_care\_veterinarian\_can\_provide\_email]**

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

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

- 1 ☐ Yes →
- 7 ☐ No, unable to locate my clinic's email address
- 8 ☐ No, my clinic doesn't have an email address

Clinic Email: **Withheld**

Does anyone else besides you take your dog to the veterinarian? If so, please provide the first and last name. (This information helps us match veterinary medical records to your dog. This person will not be contacted by us. **(Only asked if VEMR eligible)** **Withheld**

- 1 ☐ Yes
- 0 ☐ No →

Alternate veterinary contact first name: **Withheld**

Alternate veterinary contact last name: **Withheld**

One additional study currently in progress investigates the relationship between a dog's genetic profile and healthy lifespan. Participation involves:

- Obtaining and uploading your dog's veterinary medical records (instructions provided)
- Collecting a DNA sample from your dog's saliva (kit provided by us)
- Responding to future survey requests 2-4 times per year

If [dog name] fits the initial requirements, how likely would you be to consider participating in a study on this topic? **(Only asked if VEMR eligible)** **[fs\_genotype\_vs\_lifespan\_participation\_likelihood]**

- 1 ☐ Very likely
- 2 ☐ Somewhat likely
- 3 ☐ Somewhat unlikely
- 4 ☐ Very unlikely

Another additional study currently in progress investigates the relationship between a dog's physiological characteristics and physical performance factors with healthy lifespan. Participation involves:

- Obtaining and uploading your dog's veterinary medical records (instructions provided)
- Collecting a DNA sample from your dog's saliva (kit provided by us)
- Allowing your primary care veterinarian to collect blood, urine, and other samples from your dog (kit provided by us)
- Performing specific exercises with your dog and recording them (instructions provided)
- Responding to future survey requests 4-6 times per year

If [dog name] fits the initial requirements, how likely would you be to consider participating in a study on this topic?  
(Only asked if VEMR eligible) **[fs\_phenotype\_vs\_lifespan\_participation\_likelihood]**

- 1 ☐ Very likely
- 2 ☐ Somewhat likely
- 3 ☐ Somewhat unlikely
- 4 ☐ Very unlikely

Another additional study in progress is a clinical trial of a medication that may slow the aging process. To be considered, dogs need to meet certain age, size, and location requirements. Participation involves:

- Obtaining and uploading your dog's veterinary medical records (instructions provided)
- Collecting a DNA sample from your dog's saliva (kit provided by us)
- Taking your dog to the teaching hospital of a veterinary school near you twice per year for an echocardiogram (heart ultrasound) and blood pressure monitoring
- Allowing the veterinarian at the veterinary school to collect blood, urine, and other samples from your dog (kit provided by us)
- Performing specific exercises with your dog and recording them (instructions provided)
- Responding to future survey requests 10-12 times per year

If [dog name] fits the initial requirements, how likely would you be to consider participating in a study on this topic?  
(Only asked if VEMR eligible) **[fs\_medically\_slowed\_aging\_participation\_likelihood]**

- 1 ☐ Very likely
- 2 ☐ Somewhat likely
- 3 ☐ Somewhat unlikely
- 4 ☐ Very unlikely



Your dog may qualify for future studies, which could include additional veterinary visits, clinical trials of medications or supplements, or specific exercises your dog must perform. If [dog name] fits the initial requirements for a future study, how likely would you be to agree to learn more about it? **[Withheld]**

- 1 ☐ Very likely
- 2 ☐ Somewhat likely
- 3 ☐ Somewhat unlikely
- 4 ☐ Very unlikely

Woof! You've successfully completed the Additional Studies section of the Health and Life Experience Survey! 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.