

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.

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

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? **[hs\_new\_condition\_diagnosed\_last\_month]**

1 ☐ Yes

0 ☐ No

Does your dog have any ongoing medical conditions? **[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? **[hs\_chronic\_condition\_recently\_changed\_or\_treated]**

1 ☐ Yes

0 ☐ No

In the past three months, has your dog been hospitalized for more than 24 hours? **[hs\_recent\_hospitalization]**

- 1 ☐ Yes →
- 0 ☐ No

Reason for hospitalization (select all that apply): **Withheld**

☐ 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)? [hs\_condition\_is\_congenital]

**1** ☐ Yes

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

Did your dog’s congenital disorder affect the eyes, such as those listed below? [hs\_health\_conditions\_eye]

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

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

**0** ☐ 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.

- ☐ 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.**

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 ears, such as those listed below? [hs\_health\_conditions\_ear]

- Deafness

- 1 ☐ Yes —————> Complete ear disorders section below
- 0 ☐ 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.

- ☐ Deafness [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
[hs\_condition]

**The following questions will appear after each disorder is selected.**

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 mouth or oral cavity, such as those listed below? [hs\_health\_conditions\_oral]

- Cleft lip
- Missing teeth
- Cleft palate

**1** ☐ Yes —————> Complete mouth or oral cavity disorders section below

**0** ☐ 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.

- ☐ Cleft lip [hs\_condition]
- ☐ Cleft palate [hs\_condition]
- ☐ Missing teeth [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
[hs\_condition]

**The following questions will appear after each disorder is selected.**

What was the approximate month and year of diagnosis?

Month: \_\_\_\_\_ [variablename\_month], 1-12

Year: \_\_\_\_\_ [variablename\_year]

Was surgery or hospitalization required?

[variablename\_surg]

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

Is there ongoing follow-up? [variablename\_fu]

- 1** ☐ Yes
- 0** ☐ No



Did your dog's congenital disorder affect the skin, such as those listed below? [hs\_health\_conditions\_skin]

- *Dermoid cysts*
- *Umbilical hernia*
- *Spina bifida*

- 1** ☐ Yes —————> *Complete skin disorders section below*
- 0** ☐ 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.

- ☐ 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.***

What was the approximate month and year of diagnosis?

Month: \_\_\_\_\_ [variablename\_month], 1-12

Year: \_\_\_\_\_ [variablename\_year]

Was surgery or hospitalization required?

[variablename\_surg]

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

Is there ongoing follow-up? [variablename\_fu]

- 1** ☐ Yes
- 0** ☐ No



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

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

**0** ☐ 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.

- ☐ 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.**

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 respiratory tract, such as those listed below? [hs\_health\_conditions\_respiratory]

- *Stenotic/narrow nares (narrowing)*
- *Tracheal stenosis*

**1** ☐ Yes —————> *Complete respiratory tract disorders section below*

**0** ☐ 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.

- ☐ Stenotic/narrow nares [hs\_condition]
- ☐ Tracheal stenosis (narrowing) [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
[hs\_condition]

***The following questions will appear after each disorder is selected.***

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 gastrointestinal tract, such as those listed below?

[hs\_health\_conditions\_gastrointestinal]

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

**1** ☐ Yes —————> Complete gastrointestinal disorders section below

**0** ☐ 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.

- ☐ Atresia ani [hs\_condition]
- ☐ Esophageal achalasia [hs\_condition]
- ☐ Megaesophagus [hs\_condition]
- ☐ Umbilical hernia [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
[hs\_condition]

**The following questions will appear after each disorder is selected.**

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? [hs\_health\_conditions\_liver]

- *Portosystemic shunt*

- 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.

- ☐ Portosystemic shunt [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
↖ [hs\_condition]

***The following questions will appear after each disorder is selected.***

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 kidneys or urinary tract, such as those listed below?

[hs\_health\_conditions\_kidney]

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

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

**0** ☐ 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.

- ☐ 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.**

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 reproductive system, such as those listed below?

[hs\_health\_conditions\_reproductive]

- *Hermaphroditism*
- *Phimosis*
- *Hypospadias*
- *Cryptorchid*

**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.

- ☐ 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.**

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 bones of body or limbs, such as those listed below?

[hs\_health\_conditions\_orthopedic]

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

**1** ☐ Yes —————> Complete bones of body or limbs disorders section below

**0** ☐ 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.

- ☐ 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]

**The following questions will appear after each disorder is selected.**

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 brain or neurologic system, such as those listed below?

[hs\_health\_conditions\_neurological]

- Cerebellar hypoplasia
- Hydrocephalus

1 ☐ Yes —————> Complete brain/neurologic disorders section below

0 ☐ 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.

- ☐ Cerebellar hypoplasia [hs\_condition]
- ☐ Hydrocephalus [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
[hs\_condition]

**The following questions will appear after each disorder is selected.**

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 endocrine system, such as those listed below? [hs\_health\_conditions\_endocrine]

- Congenital hypothyroidism
- Pituitary dwarfism
- Juvenile hypoglycemia

**1** ☐ Yes —————> Complete endocrine system disorders section below

**0** ☐ 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.

- ☐ 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.**

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 blood or lymphatic system, such as those listed below?

[hs\_health\_conditions\_hematologic]

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

1 ☐ Yes —————> Complete blood or lymphatic system disorders section below

0 ☐ No —————> Skip to other congenital disorders section

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.

- ☐ 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.**

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 another body system? [hs\_health\_conditions\_other]

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

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

[hs\_condition\_other\_description] \_\_\_\_\_

***The following questions will appear after each disorder is selected.***

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?

**Infectious or parasitic disease** [hs\_health\_conditions\_infectious\_disease]

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

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

**1** ☐ Yes —————> *Complete infectious or parasitic disease section below*

**0** ☐ No —————> *Skip to ingestion of toxic or controlled substance section*



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.

- ☐ 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.***

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*)

- ☐ 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.**

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?

**Ingestion of toxic or controlled substance** [hs\_health\_conditions\_toxin\_consumption]

*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

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

**0** ☐ 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.

- ☐ 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.**

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)

- ☐ Mouse or rat bait/poison [hs\_condition]

→ What mouse or rat bait/poison has your dog ingested? (select all that apply)  
[hs\_condition]

- ☐ Bromethalin (or one that causes seizures) [hs\_condition\_other\_description]  
☐ Cholecalciferol (or one that causes kidney failure) [hs\_condition\_other\_description]  
☐ Warfarin (or one that causes bleeding) [hs\_condition\_other\_description]  
☐ Don't know [hs\_condition\_other\_description]

- ☐ 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.**

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?

**Trauma** [hs\_health\_conditions\_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

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

**0** ☐ 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.

- ☐ 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.**

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)

- ☐ 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.**

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** [hs\_health\_conditions\_cancer]

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

- 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)

- 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*





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

**Format: hs cancer locations ...**

- ☐ Adrenal gland [...adrenal\_gland]
  - ☐ Anal sac [...anal\_sac]
  - ☐ Bladder or urethra [...bladder\_or\_urethra]
  - ☐ Blood [...blood]
  - ☐ Bone or Joint [...bone\_or\_joint]
  - ☐ Brain [...brain]
  - ☐ Mammary (breast) tissue [...mammary\_tissue]
  - ☐ Cardiac (heart) tissue [...cardiac\_tissue]
  - ☐ Ear [...ear]
  - ☐ Esophagus [...esophagus]
  - ☐ Eye [...eye]
  - ☐ Gallbladder or bile duct [...gallbladder\_or\_bile\_duct]
  - ☐ Gastrointestinal tract (stomach and/or intestine) [...gastrointestinal\_tract]
  - ☐ Kidney [...kidney]
  - ☐ Liver [...liver]
  - ☐ Lung [...lung]
  - ☐ Lymph nodes [...lymph\_nodes]
  - ☐ Muscle or other soft tissue [...muscle\_or\_soft\_tissue]
  - ☐ Nose or nasal passage [...nose\_or\_nasal\_passage]
  - ☐ Nerve sheath [...nerve\_sheath]
  - ☐ Oral (mouth) cavity [...oral\_cavity]
  - ☐ Ovary or uterus [...ovary\_or\_uterus]
  - ☐ Pancreas [...pancreas]
  - ☐ Perianal area [...perianal\_area]
  - ☐ Pituitary gland [...pituitary\_gland]
  - ☐ Prostate [...prostate]
  - ☐ Rectum [...rectum]
  - ☐ Skin of trunk, body, or head [...skin\_of\_trunk\_body\_head]
  - ☐ Skin of limb or foot [...skin\_of\_limb\_or\_foot]
  - ☐ Spinal cord [...spinal\_cord]
  - ☐ Spleen [...spleen]
  - ☐ Testicle [...testicle]
  - ☐ Thyroid [...thyroid]
  - ☐ Venereal (vagina, labia, penis, prepuce) [...venereal]
  - ☐ Other location of cancer: [...other\_description]  
                                        [...other] ←
  - ☐ Don't know [...unknown]



## Cancer/tumors (continued)

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]<br>[...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)*

- ☐ Acute lymphoblastic leukemia (ALL) [hs\_leukemia\_types\_acute]
- ☐ Chronic lymphocytic leukemia (CLL) [hs\_leukemia\_types\_chronic]
- ☐ Other: [hs\_leukemia\_types\_other\_description]  
[hs\_leukemia\_types\_other]
- ☐ Don't know [hs\_leukemia\_types\_unknown]

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

- ☐ B cell [hs\_lymphoma\_lymphosarcoma\_types\_b\_cell]
- ☐ T cell [hs\_lymphoma\_lymphosarcoma\_types\_t\_cell]
- ☐ T zone [hs\_lymphoma\_lymphosarcoma\_types\_t\_zone]
- ☐ Other: [hs\_lymphoma\_lymphosarcoma\_types\_other\_description]  
[hs\_lymphoma\_lymphosarcoma\_types\_other]
- ☐ 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)*

**Eye disorders** [hs\_health\_conditions\_eye]

*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

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

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



### 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.

- ☐ Adult-onset cataracts [hs\_condition]
- ☐ Blindness (acquired) [hs\_condition]
  - ↳ Is the cause of the blindness known? **Withheld**
  - 1** ☐ Yes
  - 0** ☐ 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\_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.**

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?

**Ear, nose, and throat disorders** [hs\_health\_conditions\_ear]

*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

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

**0** ☐ 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.

- ☐ 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.**

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?

**Dental or oral disease** [hs\_health\_conditions\_oral]

*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

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

**0** ☐ 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.

- ☐ 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.**

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?

**Skin disorders** [hs\_health\_conditions\_skin]

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

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

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

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



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.

- ☐ 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.**

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?

**Cardiac disorders** [hs\_health\_conditions\_cardiac]

*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

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

**0** ☐ 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.

- ☐ 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.**

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)*

☐ 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.***

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?

**Respiratory disorders** [hs\_health\_conditions\_respiratory]

*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)

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

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

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.

- ☐ 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.**

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?

**Gastrointestinal disorders** [hs\_health\_conditions\_gastrointestinal]

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

- Anal sac impaction
- Bilious 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

**1** ☐ Yes —————> Complete gastrointestinal section below

**0** ☐ No —————> Skip to liver or pancreas disorders section

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.

- ☐ Anal sac impaction [hs\_condition]
- ☐ Bilious 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.**

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)

- ☐ 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.**

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?

**Liver or pancreas disorders** [hs\_health\_conditions\_liver]

*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)

**1** ☐ Yes —————> Complete liver or pancreas disorders section below

**0** ☐ No —————> Skip to kidney or urinary disorders section

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.

- ☐ 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.**

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?

**Kidney or urinary disorders** [hs\_health\_conditions\_kidney]

*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)

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

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

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.

- ☐ 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.**

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)

- ☐ 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.**

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?

**Reproductive system disorders** [hs\_health\_conditions\_reproductive]

*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

**1** ☐ Yes —————> Complete reproductive system disorders section below

**0** ☐ No —————> Skip to orthopedic disorders section

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.

- ☐ 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.**

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?

## Orthopedic disorders [hs\_health\_conditions\_orthopedic]

*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

**1** ☐ Yes —————> Complete orthopedic disorders section below

**0** ☐ No —————> Skip to neurologic disorders section

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.

- ☐ 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.**

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)

- ☐ Rheumatoid arthritis [hs\_condition]
- ☐ Spondylosis [hs\_condition]
- ☐ Other: [hs\_condition\_other\_description]  
[hs\_condition]

**The following questions will appear after each condition is selected.**

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?

## Neurologic disorders [hs\_health\_conditions\_neurological]

*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

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

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

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.

- ☐ 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.***

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)

☐ 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.**

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?

**Endocrine disorders** [hs\_health\_conditions\_endocrine]

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

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

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

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

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.

- ☐ 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.**

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?

## Hematopoietic (blood or lymphatic) disease [hs\_health\_conditions\_hematologic]

*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

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

**0** ☐ 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.

- ☐ 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.**

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?

**Immune-mediated disease** [hs\_health\_conditions\_immune]

*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)

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

**0** ☐ No —————> Skip to next section

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.

- ☐ 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.**

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)? [\[hs\\_other\\_medical\\_info\]](#)

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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*) [\[hs\\_alternative\\_health\\_care\]](#)

- ☐ 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 **Withheld**
- ☐ 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.