

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

When nominating your dog for the Dog Aging Project, you answered a number of questions as part of the nomination survey. We have copied your prior answers to this survey. Please correct any mistakes that you find while answering any new questions.

(Note: Responses on this page are pre-populated from earlier surveys)

| First Name: |
|---|
| Middle Initial (optional): |
| Last Name: |
| Email address: |
| Secondary email address (optional): |
| Phone number: |
| Including yourself, how many people live in your household? |
| O 1 O 4 O 7 O 10 |
| 0 2 0 5 0 8 0 11 |
| O 3 O 6 O 9 O 12+ |
| Number of adults (age 18 and over) in your household: |
| 0 1 0 5 0 9 |
| O 2 O 6 O 10+ |
| 0 3 0 7 |
| O 4 O 8 |
| Number of children (less than age 18) in your household: |
| 0 0 0 4 0 8 |
| 0 1 0 5 0 9 |
| O 2 O 6 O 10+ |
| O 3 O 7 |



| Address where your dog resides |
|---|
| Street address: |
| City: |
| State: |
| ZIP code: |
| s this your preferred mailing address? |
| O Yes |
| O No |
| What is your preferred mailing address? |
| Street address: |
| City: |
| State: |
| ZIP code: |
| For your primary address do you |

For your primary address do you:

- O Rent
- O Own
- O Other: _____



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

| ○ Yes ○ No | |
|--|---------------------------|
| Street address: | - |
| City: | - |
| State: | |
| ZIP code: | |
| For your SECONDARY ADDRESS do you: | |
| O Rent | |
| O Own | |
| O Other: | |
| What percent of time does your dog spend at the PRIMARY ADDRES | SS in an average year? |
| O < 10% (less than 5 weeks) | |
| O Between 10% and 25% (more than 5 weeks and less than 3 | months) |
| O Between 25% and 50% (approximately 3-6 months) | |
| O Between 50% and 75% (approximately 6-9 months) | |
| O More than 75% (9 months or more) | |
| What percent of time does your dog spend at the SECONDARY ADI | ORESS in an average year? |
| O < 10% (less than 5 weeks) | |
| O Between 10% and 25% (more than 5 weeks and less than 3 | months) |
| O Between 25% and 50% (approximately 3-6 months) | |
| O Between 50% and 75% (approximately 6-9 months) | |
| O More than 75% (9 months or more) | |



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

Alternative Contact

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

| Email address: |
|--|
| Retype email address: |
| Phone number: |
| Relationship to you (optional): |
| O Significant other (spouse, domestic partner, etc.) |
| O Family member |
| O Friend |
| O Other: |
| Street address (optional): |
| City (optional): |
| State (optional): |
| 7IP code (ontional): |

Woof! Thank you for providing your full contact information for the Health and Life Experience Survey! This will ensure that we are always able to reach you for future participation in the project. If you're ready to move on to the next section, 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.