

**UN OF MINN/AKC/CHF THYROID REFERENCE INTERVAL STUDY:
HISTORY FORM: PLEASE COMPLETE FULLY AND BRING WITH YOU
WHEN YOU COME IN FOR EXAM AND SAMPLE COLLECTION.**

Owner's name: _____ Phone #: _____
Owner's full address: _____
Owner's email and fax: _____
Veterinarians name: _____
Veterinarians address: _____
Veterinarians phone/ Fax: _____
Pet's name: _____ Breed: _____ Weight: _____
Height: _____ Sex _____ Birthdate: _____ Age at neuter _____
Body Condition score: ☐ severely underweight ☐ underweight ☐ normal ☐
overweight ☐ severely overweight
AKC registration #: _____ Color: _____
When did the dog last eat? _____

Past History

1-How long have you owned this pet? _____
2-From what source did you get this pet? _____
3-Past illness or injury? _____
4-When were the last vaccines given? _____
5-Is this animal a pet or show animal? _____
What events does your show animal participate in? _____
6- Was your pet on any medication or supplements within the past 4 weeks?
☐ No ☐ Yes ☐ Unknown
Which ones? _____

Present History

1- Is your pet's attitude: ☐ Alert ☐ Depressed
2- Does your pet limp or have any gait abnormality? ☐ No ☐ Yes ☐ Unknown
3- Does your pet cough? ☐ No ☐ Yes ☐ Unknown
4- Does your pet sneeze? ☐ No ☐ Yes ☐ Unknown
5- Does your pet have difficulty breathing? ☐ No ☐ Yes ☐ Unknown
6- Does your pet fatigue easily? ☐ No ☐ Yes ☐ Unknown
7- Does your pet have exercise intolerance? ☐ No ☐ Yes ☐ Unknown
8- Does your pet look for warm places in the house? ☐ No ☐ Yes ☐ Unknown
9- Is your pet's weight: ☐ Stable ☐ Increasing ☐ Decreasing
10- Is your pet's appetite: ☐ Normal ☐ Increased ☐ Decreased ☐ Selective

- 11- Diet: ☐ Dry ☐ Canned ☐ Semi-Moist Brand _____ Other food _____
- 12- Is your pet's water consumption: ☐ Normal ☐ Increased ☐ Decreased ☐ Unknown
- 13- Does your pet vomit? ☐ No ☐ Yes ☐ Unknown
- 14- Are your pet's bowel movements: ☐ Normal ☐ Hard ☐ Diarrhea
- 15- Does your pet urinate in the middle of the night? ☐ No ☐ Yes ☐ Unknown
- 16- Is the volume of urine: ☐ Normal ☐ Increased ☐ Decreased ☐ Unknown
- 17- Is the frequency of urination: ☐ Normal ☐ Increased ☐ Decreased ☐ Unknown
- 18- If intact female, is she pregnant? ☐ No ☐ Yes ☐ Unknown
- 19- If intact female, is she currently in heat? ☐ No ☐ Yes ☐ Unknown
- 20- If intact female, when did the last heat occurred? _____
- 21- If intact female, are her heat cycles regular? ☐ No ☐ Yes ☐ Unknown
- 22- Is there any discharge from the eyes? ☐ No ☐ Yes ☐ Unknown
- 23- Are there any problems with vision? ☐ No ☐ Yes ☐ Unknown
- 24- Are there any skin problems? ☐ No ☐ Yes ☐ Unknown
- 25- Is your pet itchy? ☐ No ☐ Yes ☐ Unknown
- 26- Does your pet have hair loss? ☐ No ☐ Yes ☐ Unknown
- 27- Does your pet shake its head frequently? ☐ No ☐ Yes ☐ Unknown
- 28- Does your pet scratch at its ears frequently? ☐ No ☐ Yes ☐ Unknown
- 29- Is your pet taking any medication or supplements currently? ☐ No ☐ Yes
☐ Unknown

Which ones? Dose? Frequency?

- 30 – Have your dog had any thyroid tests performed previously? ☐ No ☐ Yes
☐ Unknown
- 31 – We **may** conduct another study in the future to determine if thyroid hormones change on a yearly basis. Would you be willing to participate in the study and have your dog's thyroid hormone tested once a year for 2 years? ☐ No ☐ Yes
- 32- I consent to the storage of blood from this animal for possible future genetic studies:
☐ No ☐ Yes
- 33- What is your dog's general activity level? Low (20 min/day or less), Med (30 min to 1 hr/day), High (> 2hours/day). Main activity: _____(e.g sled dog or agility training)

Comments:
