Your dog - General

Your email

Name of your dog

Age of your dog (in years)

Sex of your dog

- ○ Male
- ○ Female

Is your dog sterilized?

- ○ Yes
- ○ No

Your dog is:

- ○ Crossbred
- ○ Purebred

Purebred :

Your dog is

- ○ A companion dog
- ○ A working dog

A working dog :

You think your dog is:

- ○ Very thin
- ○ A little skinny
- ○ Normal
- ○ A bit fat
- ○ Very fat

You think your dog is:

- ○ Weakly muscled
- ○ Normally muscular
- ○ Very muscular

Regarding his health, on a scale of 1 to 10, where do you rank your dog?

1	2	3	4	5	6	7	8	9	10

Not healthy at all

In perfect health

Diet

Where is your dog sleeping?

- ○ Inside
- ○ Outside
- ○ Both

How active is your dog?

- ○ Rather inactive
- ○ Not very active
- ○ Normal
- ○ Very active

How often is your dog walked?

- ○ At least 3 times a day
- ○ 1 - 2 times a day
- ○ Once a day
- ○ Rarely
- ○ Never

Are there other animals in the household?

- ○ No
- ○ Yes

Yes :

Are your animals fed separately?

- ○ No
- ○ Yes

How many meals does your dog have per day?

- ○ 1
- ○ 2
- ○ 3
- ○ More than 3
- ○ at will

Your dog eats:

- ☐ Dry food
- ☐ Wet food
- ☐ A housemade diet

You mainly buy its food:

- ○ At a veterinarian
- ○ In pet store / specialized store
- ○ In supermarket
- ○ On the Internet
- ○ At a private home
- ○ Other

Other :

Life stage noted on the packaging

- ○ Growth (puppy)
- ○ Adult (or nothing noted)
- ○ Senior

Food type

- ☐ Classic
- ☐ Grain-free
- ☐ Light / sterilized
- ☐ Vegetarian / Vegan
- ☐ Dietetics (=special illness)

Dietetics (=special illness) :

Full name and quantity of each industrial food

provide precise details on the name of the kibble and/or mash so that anyone wishing to purchase them can find them easily

Specify all the ingredients of the homemade diet with the quantities per day (specify weighed raw or cooked)

Meet / fish

Carbohydrates (e.g. rice)

Fiber (e.g. green beans)

Oil

Mineral supplement

Others

Ex. “Chicken leg without skin and without bones, raw weighing 100 gr”. If no ingredient in the category, note "None".

Does your dog have access to other uncontrolled food sources (e.g. neighbor) ?

- ○ No
- ○ Yes (describe)

Yes (describe) :

Does your dog have a good appetite?

- ○ No
- ○ Yes
- ○ Yes, a little too much (begging behaviour)

Have you changed your dog's diet recently (within the last 2 months)?

- ○ No
- ○ Yes

Yes :

If yes, describe the old diet and why this change

Do you give food supplements to your pet? (for example: vitamins, glucosamine, fatty acids, or any other supplement)

- ○ No
- ○ Yes

Yes :

If yes, specify

Do you give your pet treats?

- ○ No
- ○ Yes

Yes :

Do you give your dog leftovers?

- ○ No
- ○ Yes

Yes :

Are there any known foods or ingredients that are not tolerated by your dog?

- ○ No
- ○ Yes

Yes :

Using these photos, can you estimate your dog's fecal score on average during this week?

1	2	3	4	5	6	7

1 7

1

2 IDEAL

3

4

5

6

7

Veterinary care

Is your dog regularly (at least once a year) monitored by a veterinarian?

- ○ No
- ○ Yes

Date (approximate) of last visit to a veterinarian

dd/mm/yyyy

Reason for visit

Is your dog insured?

- ○ No
- ○ Yes

Is your dog receiving antiparasitics?

- ☐ No
- ☐ Yes, dewormer
- ☐ Yes, anti-flea

How often is he dewormed?

- ○ Less than 3 times a year
- ○ 3 times a year
- ○ More often

Where do you buy dewormer?

- ○ In supermarket
- ○ In pharmacy
- ○ At a veterinarian
- ○ On the Internet

What type of dewormer do you use?

- ○ Tablet
- ○ Pipette
- ○ Other

Other :

How often do you treat your dog against fleas?

- ○ 1 time per year
- ○ 2-3 times a year
- ○ Every month or Bravecto every 3 months

Where do you buy flea control?

- ○ In supermarket
- ○ In pharmacy
- ○ At a veterinarian
- ○ On the Internet

What type of flea control do you use?

- ○ Tablet
- ○ Pipette
- ○ Necklace
- ○ Other

Other :

Hygiene care and maintenance:

	Yes	No
Your dog goes to the groomer regularly	○	○
You brush it regularly	○	○
You wash it regularly	○	○
His ears are cleaned regularly	○	○
His eyes are cleaned regularly	○	○
You use a dental hygiene product	○	○
Overall, these treatments are easy to perform	○	○

Medical history

Has your dog ever had general anesthesia?

- ○ No
- ○ Yes, only one
- ○ Yes, several

In the following table, what concerns or could have concerned your dog in his life?

	No	Yes
Congenital malformation	○	○
Gestation	○	○
Infectious or parasitic disease	○	○
Blood or immune system disease	○	○
Endocrine (e.g. diabetes, thyroid, etc.), nutritional, metabolic diseases	○	○
Nervous system disease	○	○
Eye disease	○	○
Ear disease	○	○
Skin illness	○	○
Disease of the heart and circulatory system	○	○
Respiratory system disease	○	○
Digestive system disease	○	○
Urinary tract disease	○	○
Genital tract disease	○	○
Disease of the osteoarticular system and/or muscles	○	○
Behavioral disorders	○	○
Tumor	○	○
Traumatic injury, poisoning and other external consequences	○	○

General Senior Assessment

Please complete this form, noting in the boxes corresponding to your animal's evolution over the last few years. Enter the intensity of the sign in the table on the right (0: not at all, 1: mild, 2: moderate, 3: severe).

	Not at all			Severe
Weight gain	0	1	2	3
Weightloss	0	1	2	3
Increased appetite	0	1	2	3
Diminished appetite	0	1	2	3
Vomiting	0	1	2	3
Diarrhea/stool changes	0	1	2	3
Constipation or difficulty defecating	0	1	2	3
Drinks more	0	1	2	3
Urinates more/asks to pee more often	0	1	2	3
Coughs	0	1	2	3
Running out of steam	0	1	2	3
Has masses or tumors	0	1	2	3
Appearance of white hairs	0	1	2	3
Skin problems	0	1	2	3

	Not at all			Severe
Bad body odor	0	1	2	3
Bad ear odor	0	1	2	3
Bad breath	0	1	2	3
Difficulty chewing	0	1	2	3
Tremors	0	1	2	3
Diminished vision	0	1	2	3
Diminished hearing	0	1	2	3

Owner's name

Is this an extra dog?

- ○ No
- ○ Yes

Dog Code

Dog Name

Assessment of cognitive dysfunction

How often does your dog:

	Never	Once a month	Once a week	Once a day	More than once a day
pace up and down, walk in circles and/or wander with no direction or purpose?	○	○	○	○	○
stare blankly at the walls or floor?	○	○	○	○	○
get stuck behind objects and is unable to get around?	○	○	○	○	○
fail to recognise familiar people or pets?	○	○	○	○	○
walk into walls or doors?	○	○	○	○	○
walk away while, or avoid, being patted?	○	○	○	○	○

How often does your dog:

	Never	1-30% of the time	31-60% of the time	61-99% of the time	Always
have difficulty finding food dropped on the floor?	○	○	○	○	○

Compared with 6 months ago, does your dog

	Much less	Slightly less	The same	Slightly more	Much more
now pace up and down, walk in circles and/or wander with no direction or purpose	○	○	○	○	○
now stare blankly at the walls or floor	○	○	○	○	○
urinate or defecate in an area it has previously kept clean (if your dog has never house-soiled, tick ‘the same’)	○	○	○	○	○
have difficulty finding food dropped on the floor	○	○	○	○	○
Compared with 6 months ago, is the amount of time your dog spends active	○	○	○	○	○
fail to recognise familiar people or pets	○	○	○	○	○

Personality test for your dog

For each trait, please rate your dog from 1 to 6. Please rate all character traits. Please consider how your dog behaves in general. The scale of 1 to 6 should be interpreted as follows: 1 = This adjective does not describe my dog at all 6 = This adjective describes my dog completely.

Personality test - dog

	Totally disagree					Totally agree
Friendly	1	2	3	4	5	6
Persevering	1	2	3	4	5	6
Nervous	1	2	3	4	5	6
Full of energy	1	2	3	4	5	6
Attentive	1	2	3	4	5	6
Easy to live	1	2	3	4	5	6
Independent	1	2	3	4	5	6
Easy to train	1	2	3	4	5	6
Non-aggressive	1	2	3	4	5	6
Hyperactive	1	2	3	4	5	6
Submitted	1	2	3	4	5	6
Determined	1	2	3	4	5	6
Relaxed	1	2	3	4	5	6

	Totally disagree					Totally agree
Obstinate/tenacious	1	2	3	4	5	6
Shy	1	2	3	4	5	6
Docile	1	2	3	4	5	6
Active	1	2	3	4	5	6
Clever	1	2	3	4	5	6
Sociable	1	2	3	4	5	6
Without rest / always on the move	1	2	3	4	5	6
Fearful	1	2	3	4	5	6
Obedient	1	2	3	4	5	6
Full of life / full of enthusiasm	1	2	3	4	5	6
Loyal	1	2	3	4	5	6
Self-assured/confident	1	2	3	4	5	6
Excitable	1	2	3	4	5	6

Owner-dog relationship

The veterinarian will not have access to the results of this part.

Please indicate whether or not you agree with the following statements: 1: Strongly disagree 2: Mostly disagree 3: Mostly agree 4: Strongly agree

	0: strongly disagree			3: strongly agree
My dog is more important to me that any of my friends	1	2	3	4
I confide in my dog quite often	1	2	3	4
I think dogs should have the same rights and privileges as family members do	1	2	3	4
I think my dog is my best friend	1	2	3	4
My feelings towards people are quite often related to the way they react to my dog	1	2	3	4
I love my dog because s/he is more loyal to me than most people in my life	1	2	3	4
I enjoy showing pictures of my dog to other people	1	2	3	4
I believe my dog is nothing but a dog	1	2	3	4
I love my dog because s/he is not judgmental to me	1	2	3	4
My dog knows when I do not feel right	1	2	3	4
I often talk to other people about my dog	1	2	3	4
My dog understands me	1	2	3	4
I believe that loving my dog helps me stay healthy	1	2	3	4

	0: strongly disagree			3: strongly agree
Dogs deserve as much respect as humans do	1	2	3	4
My dog and I are very close	1	2	3	4
I would do nearly anything to take care of my dog	1	2	3	4
I quite often play with my dog	1	2	3	4
I consider my dog as a marvelous companion	1	2	3	4
My dog makes me happy	1	2	3	4
I believe my dog is part of my family	1	2	3	4
I am not very attached to my dog	1	2	3	4
Having a dog contributes to my happiness	1	2	3	4
I consider my dog as a friend	1	2	3	4

Personality test - Owner

The veterinarian will not have access to the results of this part.

For each character trait, please rate yourself from 1 to 4. The scale should be interpreted this way: 1 = does not describe me at all 2 = doesn't really describe me 3 = describes me a little 4 = totally describes me

	Doesn't describe me at all			Describes me completely
Dynamic	1	2	3	4
Adventurous	1	2	3	4
Nervous	1	2	3	4
Imaginative	1	2	3	4
Curious	1	2	3	4
Sophisticated	1	2	3	4
Organized	1	2	3	4
Extrovert	1	2	3	4
Cold	1	2	3	4
Warm	1	2	3	4
Talkative	1	2	3	4
Clever	1	2	3	4
Negligent	1	2	3	4

	Doesn't describe me at all			Describes me completely
Friendly	1	2	3	4
Open minded	1	2	3	4
Full of energy	1	2	3	4
Helpful	1	2	3	4
Moody	1	2	3	4
Attentive	1	2	3	4
Worker	1	2	3	4
Caring	1	2	3	4
Worried	1	2	3	4
Friendly	1	2	3	4
Creative	1	2	3	4
Responsible	1	2	3	4

Final questions

The veterinarian will not have access to the results of this part.

You are

- ○ A man
- ○ A woman
- ○ I'd rather not say
- ○ Other

Number of adults in the household (including you)

_____

Number of children (<18 years) in the household

_____

Way of life

- ○ Apartment
- ○ Home
- ○ Other

Other :

Is there an outdoor access?

- ○ No
- ○ Yes

Smoking environment

- ○ Yes
- ○ No more now
- ○ No never

Smoking was stopped:

- ○ A long time ago
- ○ Not long ago

Smoking is present

- ○ Always
- ○ For several years
- ○ Recently

Age of main owner

- ○ 18 - 25 years old
- ○ 26 - 40 years old
- ○ 41 - 60 years old
- ○ > 60 ans

What is your socio-professional category?

- ○ Farmer
- ○ Artisan
- ○ Managers and higher intellectual professions
- ○ Intermediate professions
- ○ Employee
- ○ Worker
- ○ Retirement
- ○ Without professional activity
- ○ Student
- ○ Other

Other :

What is the approximate monthly net household income?

- ○ < €1000
- ○ €1,000 - €3,000
- ○ €3,000 - €5,000
- ○ €5,000 - €7,000
- ○ > €7 000
- ○ I'd rather not say