

**Veterinary Oncology Services and Research Center  
Canine Genetic Epidemiology of Cancer  
Owner's Questionnaire**

Date: \_\_\_\_\_  
Client ID #: \_\_\_\_\_  
Pedigree? \_\_\_\_\_  
DNA? \_\_\_\_\_  
Interviewer: \_\_\_\_\_

PLEASE FILL OUT ALL SECTIONS  
If you have any questions, please ask!

**GENERAL INFORMATION:**

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

AKC Registered Name: \_\_\_\_\_

AKC Registration #: \_\_\_\_\_

Sire's AKC Registered Name: \_\_\_\_\_

Dam's AKC Registered Name: \_\_\_\_\_

Do you have your dog's 4 generation pedigree? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female Neutered/spay? \_\_\_\_\_

Date (year or age) of Neuter/ Spay: \_\_\_\_\_

Color: \_\_\_\_\_ Average Adult Weight: \_\_\_\_\_

**LIFESTYLE HISTORY:**

In your care, the approximate number of hours each day spent:

Kennel/ dog Run: \_\_\_\_\_ hours

Crate: \_\_\_\_\_ hours  
Loose in backyard: \_\_\_\_\_ hours  
Loose in house: \_\_\_\_\_ hours

**Flea/Tick and heartworm treatment:**

Animal treated for fleas? Yes No

Flea product or treatment type: \_\_\_\_\_

Frequency of use: \_\_\_\_\_

(Topical flea treatment, flea collar, dip)

House/ yard treated for fleas? Yes No

Flea product or treatment type and frequency: \_\_\_\_\_

Animal treated with heartworm preventative? Yes No

Treatment type and frequency: \_\_\_\_\_

**Nutritional Information:**

Body wt./lb.: Prior to diagnosis of cancer: \_\_\_\_\_ After diagnosis: \_\_\_\_\_

Nutritional Status: Average ( ) Overweight ( ) Underweight ( ) Obese ( )

Normal Diet:

Commercial dog food: Yes No

Brand: \_\_\_\_\_

Canned, dry or mix: \_\_\_\_\_

Table Food: Yes No

List all types food given in the following categories:

Protein (meats, dairy), raw or cooked: \_\_\_\_\_

\_\_\_\_\_

Starch (grains, potatoes, etc.) raw or cooked: \_\_\_\_\_

\_\_\_\_\_

Vegetables, raw or cooked: \_\_\_\_\_

\_\_\_\_\_

Proportion of protein, starch and vegetables of total diet, i.e., 20% table food,  
80% commercial food: \_\_\_\_\_

Home cooked canine diet: List all types of food given in the following categories:

Protein (meats, dairy), raw or cooked: \_\_\_\_\_

Starch (grains, potatoes, etc.) raw or cooked: \_\_\_\_\_

Vegetables, raw or cooked: \_\_\_\_\_

Proportion of protein, starch and vegetables of total diet, i.e., 20% table food,  
80% commercial food: \_\_\_\_\_

Hypoallergenic diet: Commercial ( ) Home Cooked ( )

If home cooked, please list all food, brands, quantity, raw or cooked:

How did you decide the diet? Self ( ) Breeder ( ) Veterinarian ( )

Nutritionist ( ) Economics ( ) As Advertised ( )

Dietary Supplements: Multivitamin canine ( ) Fatty Acids ( )

Human Vitamin Supplement(s) ( ) Which? \_\_\_\_\_

Biological or Homeopathic Supplement(s) (Ex. Shark cartilage, herbs, garlic, etc.):

Normal appetite: "Chow Hound" ( ) Good ( ) Picky ( ) Poor ( )

Number of Meals Per Day: 1( ) 2( ) 3( )

"Snacks": Yes No

Dog Biscuits ( ) Human Food ( ) Vegetables ( )

Water Consumption: What kind of water does your dog drink?

Tap Water? Yes No

Treated? Yes No

If treated, with what? [Chemical(s)] \_\_\_\_\_

Does your tap water have a water filter? Yes No What Kind? \_\_\_\_\_

Bottled Water ( ) What Kind? \_\_\_\_\_

Does your dog have access to and drink from creeks, rivers, swimming pools or any other water source? \_\_\_\_\_

Please list the 5 most common foods fed to this animal (including training treats):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Activities:**

Conformation:	Yes	No	Age Started:	_____
Wetland Hunting:	Yes	No	Age Started:	_____
Upland Hunting:	Yes	No	Age Started:	_____
Obedience:	Yes	No	Age Started:	_____
Tracking:	Yes	No	Age Started:	_____
Agility:	Yes	No	Age Started:	_____

Other sports: \_\_\_\_\_

How would you characterize your dog's exercise habits?

Runs and plays- how much time in a day? \_\_\_\_\_ hours \_\_\_\_\_ minutes

Tires easily? Yes No

Interested in exercise? Yes No

**Home Environment:**

Do you have your lawn sprayed with pesticides? Yes No

If yes, how frequently is this done? \_\_\_\_\_

Do you know the chemicals used? Yes No

If yes, what are they? \_\_\_\_\_

Are you instructed to keep your animals off the lawn and for how long?

\_\_\_\_\_

Do you live near a farm, pasture, and/or fruit orchard or any other agricultural/  
horticultural area? \_\_\_\_\_

If yes, do you know if there is a routine pesticide spraying done? \_\_\_\_\_

\_\_\_\_\_

Do members of your family smoke cigarettes, cigars, and /or pipes?      Yes      No

If yes, please summarize the pertinent amount and frequency your dog may be  
exposed to: \_\_\_\_\_

\_\_\_\_\_

Are there any other environmental factors that you might consider of importance?

(Ex: radon, magnetic field, nuclear power plant, etc.) \_\_\_\_\_

\_\_\_\_\_

How would you characterize your dog's emotional well-being? Please check any  
description that applies (you may check more than one):

Happy dog \_\_\_\_\_      Independent \_\_\_\_\_      Dependent \_\_\_\_\_

Depressed \_\_\_\_\_      Lonely \_\_\_\_\_

Is your dog alone most of the day?      Yes      No

Does your dog drink out of the toilet bowl?      Yes      No

What type of toilet cleaning products do you use? \_\_\_\_\_

What type of floor/ carpet cleaner do you use? Please list all that apply: \_\_\_\_\_

\_\_\_\_\_

Does your dog have access to these areas after you clean?      Yes      No

Is your home treated for termites, bugs, pests, etc.? (i.e., once a month treatments?)

Yes      No

Are you instructed to keep your pets out of the treated areas for a certain length of  
time?      Yes      No      How long? \_\_\_\_\_

Do you live: (please check all that apply)

Near an airport \_\_\_\_\_      Near an industrial area \_\_\_\_\_

Near high tension wires \_\_\_\_\_      In a heavy traffic area \_\_\_\_\_

Near a toxic dump \_\_\_\_\_

**MEDICAL HISTORY:**

**I. General Health**

In general how would you characterize your dog's health prior to the diagnosis of cancer?

Healthy\_\_\_\_\_ Occasional routine problems\_\_\_\_\_

Frequent problems requiring intermittent visits to the vet\_\_\_\_\_

Serious problems requiring frequent visits to the vet\_\_\_\_\_

How would you summarize those problems? \_\_\_\_\_

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**II. Vaccinations**

What is the vaccine history of your dog? (for example, yearly DHLPP, corona, rabies):

\_\_\_\_\_

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Did you stop vaccinating your dog? If yes, at what age. \_\_\_\_\_

**III. Skin/Allergies**

Has your dog had any skin problems? Yes No

If yes, what is the nature of diagnosis? \_\_\_\_\_

Any medications? \_\_\_\_\_

Does your dog suffer from allergies? Yes No

If yes, what is the nature of the allergic problem(s)? \_\_\_\_\_

Any medications? \_\_\_\_\_

**IV. Hip Dysplasia**

Was this dog examined for hip dysplasia? Yes No Not Screened

What were the results? Excellent Good Fair Poor

Method: OFA Pennhip Vet Other

**V. Endocrine Disorder**

Has this dog been diagnosed with hypothyroidism?

Yes            No            Unknown

Were there clinical symptoms?

Yes            No            Unsure

What symptoms did the dog have? \_\_\_\_\_

Was the dog treated with thyroid replacement? \_\_\_\_\_

If yes, what drug, dosage, frequency of administration. \_\_\_\_\_

Who was the diagnosing veterinarian? (city, state, phone)

Date of diagnosis (month, day, year): \_\_\_\_\_

Has this dog been diagnosed with diabetes? \_\_\_\_\_

Who was the diagnosing veterinarian? (city, state, phone)

Has this dog been diagnosed with any other endocrine diseases (i.e., Cushings, Addison's, etc.)

Date of diagnosis (month, day, year): \_\_\_\_\_

## **VI. Neuromuscular**

Has this dog been diagnosed with seizures?

Yes            No            Unknown

Was the dog treated for epilepsy? (medications?) \_\_\_\_\_

Who was the diagnosing veterinarian? (city, state, phone)

Has this dog been diagnosed with degenerative myelopathy (wobbler) \_\_\_\_\_

Date of diagnosis (month, day, year): \_\_\_\_\_

## **VII. Heart Disease**

Has this dog been treated with heart disease? \_\_\_\_\_

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Were there clinical symptoms?

Yes

No

Unsure

What symptoms did the dog have? \_\_\_\_\_

Please describe the type of heart disease: \_\_\_\_\_

Who was the diagnosing veterinarian? (city, state, phone)

Date of diagnosis (month, day, year): \_\_\_\_\_

### **VIII. Liver Disease**

Has this dog been diagnosed with liver disease? \_\_\_\_\_

Were there clinical symptoms?

Yes

No

Unsure

What symptoms did the dog have? \_\_\_\_\_

Please describe the type of liver disease: \_\_\_\_\_

Who was the diagnosing veterinarian? (city, state, phone)

Date of diagnosis (month, day, year): \_\_\_\_\_

### **IX. Cancer**

What type of cancer does your dog have: \_\_\_\_\_

Were there clinical symptoms?

Yes

No

Unsure

What symptoms did the dog have? \_\_\_\_\_

What method of confirmation was used to diagnosis your pet? \_\_\_\_\_

Where is/ was the tumor(s) located on your pet's body? \_\_\_\_\_

Is a biopsy report available?

Yes

No

Unsure

Name of pathology lab. \_\_\_\_\_

Biopsy specimen # or copy of biopsy: \_\_\_\_\_

Who was the diagnosing veterinarian? (city, state, phone)

Date of diagnosis (month, day, year): \_\_\_\_\_

Did your dog have more than one tumor in her/ his life? If so, what were the other tumor types? When? \_\_\_\_\_

Has the dog been treated with any chemotherapy?      Yes      No

Has the dog been treated with any radiation therapy?      Yes      No

Has the dog been treated with surgery?      Yes      No

Other information related to the cancer diagnosis? \_\_\_\_\_

Have any other animals in your household has cancer?      Yes      No

If yes, were the animals related?      Yes      No

If yes, what was the relationship? \_\_\_\_\_

What kind of cancer(s) have you had in other animal(s) in your household and how was the diagnosis confirmed? \_\_\_\_\_

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**REPRODUCTIVE HISTORY:**

Has your dog sired any litter(s)?    Yes    No

If yes, how many and at what age? \_\_\_\_\_

**Family Information:**

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Date of Litter: \_\_\_\_\_

Please complete the table below:

	Registered Name	Call Name	ID	AKC #	Sex	Color	Alive	Date of Death
Proband								
Littermate 1								
Littermate 2								
Littermate 3								
Littermate 4								
Littermate 5								
Littermate 6								
Littermate 7								
Littermate 8								

Littermate 9								
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**Breeder Information:**

Litter information:

Date of Litter: \_\_\_\_\_

Breeder: \_\_\_\_\_

Mate: \_\_\_\_\_

	Registered Name	Call Name	ID	AKC #	Sex	Color	Alive	Date of Death
Puppy 1								
Puppy 2								
Puppy 3								
Puppy 4								
Puppy 5								
Puppy 6								
Puppy 7								
Puppy 8								
Puppy 9								

Thank you for completing our survey!

Since the cause of cancer may be considered multifactorial, and important part of this questionnaire is to obtain detailed information on the relatives of dogs afflicted with cancer. Without this information, the role of genetic inheritance versus all the other potentially contributing factors cannot be evaluated. Since dogs can have many offspring in a lifetime, this link to the genetic aspect and its relevance to other contributing factors is critical.

Please provide us with any known information concerning longevity, illnesses, age at death, cause of death, etc. with regards to the sire, dam, siblings, and other ancestors. Do you have other pedigrees of related dogs, whether affected or unaffected? Yes No

What other information concerning your pet's cancer do you consider important for us to know? We need your input!! This questionnaire is considered preliminary, not comprehensive. If you have other concerns relating to the cause of cancer in your dog, please feel free to elaborate: \_\_\_\_\_

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