

**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? _____

II. Vaccinations

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

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? _____

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? _____

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: _____
