

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

Please note that dogs will NOT be excluded from the study due to the diagnosis of any specific disease. Owners should be prepared to give the approximate dates of diagnoses of any disease.

Would you say in general your dog's health is: **[hs_general_health]**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

In the past three months, has your dog been diagnosed with any new conditions? **[hs_new_condition_diagnosed_recently]**

- 1 Yes
- 0 No

Were the conditions diagnosed in the past month? **[hs_new_condition_diagnosed_last_month]**

- 1 Yes
- 0 No

Does your dog have any ongoing medical conditions? **[hs_chronic_condition_present]**

- 1 Yes
- 0 No

In the past three months, has your dog had any changes to the status of, or medications for, these conditions? **[hs_chronic_condition_recently_changed_or_treated]**

- 1 Yes
- 0 No

In the past three months, has your dog been hospitalized for more than 24 hours? **[hs_recent_hospitalization]**

- 1 Yes
- 0 No

Reason for hospitalization (select all that apply): **Withheld**

- Spay or neuter **[hs_hospitalization_reason_spay_or_neuter]**
- Dentistry **[hs_hospitalization_reason_dentistry]**
- Boarding **[hs_hospitalization_reason_boarding]**
- Other: **[hs_hospitalization_reason_other_description]**
[hs_hospitalization_reason_other]

Was your dog born with a congenital disorder (defect present at birth)? **[hs_condition_is_congenital]**

1 Yes

0 No —————> *Skip to “Has your dog ever been diagnosed with any of the following conditions in any body system?”*

Did your dog’s congenital disorder affect the eyes, such as those listed below? **[hs_health_conditions_eye]**

- *Blindness*
- *Keratoconjunctivitis sicca (KCS)*
- *Cataracts*
- *Persistent pupillary membrane (PPM)*
- *Glaucoma*
- *Missing one or both eyes*

1 Yes —————> *Complete eye disorders section below*

0 No —————> *Skip to ear disorders section*

Which congenital eye disorder(s) was your dog born with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Blindness **[hs_condition]**
- Cataracts **[hs_condition]**
- Glaucoma **[hs_condition]**
- Keratoconjunctivitis sicca (KCS) **[hs_condition]**
- Persistent pupillary membrane (PPM) **[hs_condition]**
- Missing one or both eyes **[hs_condition]**
- Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 Required only surgery

2 Required only hospitalization

3 Required BOTH surgery and hospitalization

4 Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

1 Yes

0 No

Did your dog's congenital disorder affect the ears, such as those listed below? **[hs_health_conditions_ear]**

- Deafness

- 1** Yes —————> Complete ear disorders section below
- 0** No —————> Skip to mouth or oral cavity disorders section

Which congenital ear disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Deafness **[hs_condition]**
- Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?
[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the mouth or oral cavity, such as those listed below? **[hs_health_conditions_oral]**

- Cleft lip
- Cleft palate
- Missing teeth

- 1** Yes → Complete mouth or oral cavity disorders section below
- 0** No → Skip to skin disorders section

Which congenital mouth or oral cavity disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Cleft lip **[hs_condition]**
- Cleft palate **[hs_condition]**
- Missing teeth **[hs_condition]**
- Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[variablename_month], 1-12**

Year: _____ **[variablename_year]**

Was surgery or hospitalization required?

[variablename_surg]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[variablename_fu]**

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the skin, such as those listed below? **[hs_health_conditions_skin]**

- *Dermoid cysts*
- *Umbilical hernia*
- *Spina bifida*

- 1** Yes —————> *Complete skin disorders section below*
- 0** No —————> *Skip to heart (cardiac) disorders section*

Which congenital skin disorder(s) was your dog born with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Dermoid cysts **[hs_condition]**
- Spina bifida **[hs_condition]**
- Umbilical hernia **[hs_condition]**
- Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[variablename_month], 1-12**

Year: _____ **[variablename_year]**

Was surgery or hospitalization required?

[variablename_surg]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[variablename_fu]**

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the heart, such as those listed below? **[hs_health_conditions_cardiac]**

- Aortic/Subaortic stenosis
- Atrial septal defects
- Mitral dysplasia
- Murmur
- Patent ductus arteriosus (PDA)
- Persistent right aortic arch
- Pulmonic stenosis
- Tricuspid dysplasia
- Ventricular septal defects

1 Yes —————> Complete heart (cardiac) disorders section below

0 No —————> Skip to respiratory tract disorders section

Which congenital heart (cardiac) disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Aortic/Subaortic stenosis **[hs_condition]**
- Atrial septal defects **[hs_condition]**
- Mitral dysplasia **[hs_condition]**
- Murmur **[hs_condition]**
- Patent ductus arteriosus (PDA) **[hs_condition]**
- Persistent right aortic arch **[hs_condition]**
- Pulmonic stenosis **[hs_condition]**
- Tricuspid dysplasia **[hs_condition]**
- Ventricular septal defects **[hs_condition]**
- Other: **[hs_condition_other_description]**
↖ **[hs_condition]**

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the respiratory tract, such as those listed below? **[hs_health_conditions_respiratory]**

- *Stenotic/narrow nares (narrowing)*
- *Tracheal stenosis*

- 1** Yes —————> *Complete respiratory tract disorders section below*
- 0** No —————> *Skip to gastrointestinal disorders section*

Which congenital respiratory tract disorder(s) was your dog born with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Stenotic/narrow nares **[hs_condition]**
- Tracheal stenosis (narrowing) **[hs_condition]**
- Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the gastrointestinal tract, such as those listed below?

[hs_health_conditions_gastrointestinal]

- *Atresia ani*
- *Megaesophagus*
- *Esophageal achalasia*
- *Umbilical hernia*

1 Yes → Complete gastrointestinal disorders section below

0 No → Skip to liver disorders section

Which congenital gastrointestinal disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Atresia ani [hs_condition]
- Esophageal achalasia [hs_condition]
- Megaesophagus [hs_condition]
- Umbilical hernia [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the liver, such as those listed below? [\[hs_health_conditions_liver\]](#)

- *Portosystemic shunt*

- 1** Yes —————> *Complete liver disorders section below*
- 0** No —————> *Skip to kidney or urinary tract disorders section*

Which congenital liver disorder(s) was your dog born with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Portosystemic shunt [\[hs_condition\]](#)
- Other: [\[hs_condition_other_description\]](#)
[\[hs_condition\]](#)

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [\[hs_diagnosis_month\]](#)

Year: _____ [\[hs_diagnosis_year\]](#)

Was surgery or hospitalization required?

[\[hs_required_surgery_or_hospitalization\]](#)

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [\[hs_follow_up_ongoing\]](#)

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the kidneys or urinary tract, such as those listed below?

[hs_health_conditions_kidney]

- Born with one kidney
- Ectopic ureter
- Patent urachus
- Renal cysts
- Renal dysplasia

1 Yes —————> Complete kidney or urinary tract disorders section below

0 No —————> Skip to reproductive system disorders section

Which congenital kidney or urinary tract disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Born with one kidney [hs_condition]
- Ectopic ureter [hs_condition]
- Patent urachus [hs_condition]
- Renal cysts [hs_condition]
- Renal dysplasia [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the reproductive system, such as those listed below?

[hs_health_conditions_reproductive]

- *Hermaphroditism*
- *Phimosis*
- *Hypospadias*
- *Cryptorchid*

- 1** Yes —————> *Complete reproductive system disorders section below*
- 0** No —————> *Skip to bones of body or limbs disorders section*

Which congenital reproductive system disorder(s) was your dog born with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Cryptorchid [hs_condition]
- Hermaphroditism [hs_condition]
- Hypospadias [hs_condition]
- Phimosis [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the bones of body or limbs, such as those listed below?

[hs_health_conditions_orthopedic]

- *Missing a limb or part of a limb*
- *Valgus deformity*
- *Varus deformity*

1 Yes —————> *Complete bones of body or limbs disorders section below*

0 No —————> *Skip to brain/neurologic disorders section*

Which congenital bones of body or limbs disorder(s) was your dog born with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Missing a limb or part of a limb [hs_condition]
- Valgus deformity [hs_condition]
- Varus deformity [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 Required only surgery

2 Required only hospitalization

3 Required BOTH surgery and hospitalization

4 Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 Yes

0 No

Did your dog's congenital disorder affect the brain or neurologic system, such as those listed below?

[hs_health_conditions_neurological]

- Cerebellar hypoplasia
- Hydrocephalus

1 Yes —————> Complete brain/neurologic disorders section below

0 No —————> Skip to endocrine system disorders section

Which congenital brain or neurologic system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Cerebellar hypoplasia [hs_condition]
- Hydrocephalus [hs_condition]
- Other: [hs_condition_other_description]
↖ [hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the endocrine system, such as those listed below? **[hs_health_conditions_endocrine]**

- Congenital hypothyroidism
- Juvenile hypoglycemia
- Pituitary dwarfism

- 1** Yes → Complete endocrine system disorders section below
- 0** No → Skip to blood or lymphatic system disorders section

Which congenital endocrine system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Congenital hypothyroidism **[hs_condition]**
- Juvenile hypoglycemia **[hs_condition]**
- Pituitary dwarfism **[hs_condition]**
- Other: **[hs_condition_other_description]**
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** Yes
- 0** No

Did your dog's congenital disorder affect the blood or lymphatic system, such as those listed below?

[hs_health_conditions_hematologic]

- Congenital dyserythropoiesis
- Pelger-Huet anomaly
- Macrothrombocytopenia
- Phosphofructokinase (PFK) deficiency
- Microcytosis or macrocytosis
- Pyruvate kinase (PK) deficiency

1 Yes —————> Complete blood or lymphatic system disorders section below

0 No —————> Skip to other congenital disorders section

Which congenital blood or lymphatic system disorder(s) was your dog born with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Congenital dyserythropoiesis [hs_condition]
- Macrothrombocytopenia [hs_condition]
- Microcytosis or macrocytosis [hs_condition]
- Pelger-Huet anomaly [hs_condition]
- Phosphofructokinase (PFK) deficiency [hs_condition]
- Pyruvate kinase (PK) deficiency [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Did your dog's congenital disorder affect another body system? **[hs_health_conditions_other]**

- 1** Yes —————> *Complete other congenital disorders section below*
- 0** No —————> *Skip to infectious or parasitic disease section*

What other kind of congenital disorder(s) was your dog born with?

[hs_condition_other_description] _____

The following questions will appear after each disorder is selected.

What was the approximate month and year of diagnosis?

Month: _____ **[hs_diagnosis_month]**

Year: _____ **[hs_diagnosis_year]**

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? **[hs_follow_up_ongoing]**

- 1** Yes
- 0** No

Has your dog ever been diagnosed with any of the following conditions in any body system?

Infectious or parasitic disease [hs_health_conditions_infectious_disease]

This would include infectious or parasitic diseases like any of the following, or others not listed here:

- Anaplasmosis
- Aspergillosis
- Babesiosis
- Blastomycosis
- Bordetella and/or parainfluenza ("kennel cough")
- Brucellosis
- Campylobacteriosis
- Chagas disease (trypanosomiasis)
- Coccidia
- Coccidioidomycosis
- Cryptococcus
- Dermatophytosis ("ringworm")
- Distemper
- Ehrlichiosis
- Fever of unknown origin
- Gastrointestinal parasites
- Giardia
- Granuloma
- Heartworm infection
- Histoplasmosis
- Hepatozoonosis
- Hookworms
- Influenza
- Isospora
- Leishmaniasis
- Leptospirosis
- Lyme disease
- MRSA/MRSP
- Mycobacterium
- Parvovirus
- Plague (*Yersinia pestis*)
- Pythium
- Rocky Mountain Spotted Fever (RMSF)
- Roundworms
- Salmonellosis
- Salmon poisoning
- Tapeworms
- Toxoplasma
- Tularemia
- Whipworms

1 Yes —————> Complete infectious or parasitic disease section below

0 No —————> Skip to ingestion of toxic or controlled substance section

Which infectious or parasitic disease(s) has your dog been diagnosed with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Anaplasmosis [hs_condition]
- Aspergillosis [hs_condition]
- Babesiosis [hs_condition]
- Blastomycosis [hs_condition]
- Bordetella and/or parainfluenza ("kennel cough") [hs_condition]
- Brucellosis [hs_condition]
- Campylobacteriosis [hs_condition]
- Chagas disease (trypanosomiasis) [hs_condition]
- Coccidia [hs_condition]
- Coccidioidomycosis [hs_condition]
- Cryptococcus [hs_condition]
- Dermatophytosis ("ringworm") [hs_condition]
- Distemper [hs_condition]
- Ehrlichiosis [hs_condition]
- Fever of unknown origin [hs_condition]
- Gastrointestinal parasites [hs_condition]
- Giardia [hs_condition]
- Granuloma [hs_condition]
- Heartworm infection [hs_condition]
- Histoplasmosis [hs_condition]
- Hepatozoonosis [hs_condition]
- Hookworms [hs_condition]
- Influenza [hs_condition]
- Isospora [hs_condition]
- Leishmaniasis [hs_condition]
- Leptospirosis [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Infectious or parasitic disease (continued)

Which infectious or parasitic disease(s) has your dog been diagnosed with? (*select all that apply*)

- Lyme disease [hs_condition]
- MRSA/MRSP [hs_condition]
- Mycobacterium [hs_condition]
- Parvovirus [hs_condition]
- Plague (Yersinia pestis) [hs_condition]
- Pythium [hs_condition]
- Rocky Mountain Spotted Fever (RMSF) [hs_condition]
- Roundworms [hs_condition]
- Salmonellosis [hs_condition]
- Salmon poisoning [hs_condition]
- Tapeworms [hs_condition]
- Toxoplasma [hs_condition]
- Tularemia [hs_condition]
- Whipworms [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Has your dog ever been diagnosed with any of the following conditions in any body system?

Ingestion of toxic or controlled substance [hs_health_conditions_toxin_consumption]

This would include ingestion of toxic or controlled substances like any of the following, or others not listed here:

- Chocolate
- Ethylene glycol (antifreeze)
- Grapes or raisins
- Ingestion of human medications
- Ingestion of recreational drugs
- Mouse or rat bait/poison
- Overdose of medications prescribed to the dog

1 Yes —————> Complete ingestion of toxic or controlled substance section below

0 No —————> Skip to trauma section

What toxic or controlled substance(s) has your dog ingested? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Chocolate [hs_condition]
- Ethylene glycol (antifreeze) [hs_condition]
- Grapes or raisins [hs_condition]
- Ingestion of human medications [hs_condition]
 - └—————> What human medication(s) has your dog ingested? [hs_condition_other_description]
 - _____

- Ingestion of recreational drugs [hs_condition]
 - └—————> What recreational drug(s) has your dog ingested? [hs_condition_other_description]
 - _____

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Ingestion of toxic or controlled substance (continued)

What toxic or controlled substance(s) has your dog ingested? (select all that apply)

- Mouse or rat bait/poison [hs_condition]
- ↳ What mouse or rat bait/poison has your dog ingested? (select all that apply)
- Withheld**
- Bromethalin (or one that causes seizures) [hs_condition_other_description]
- Cholecalciferol (or one that causes kidney failure) [hs_condition_other_description]
- Warfarin (or one that causes bleeding) [hs_condition_other_description]
- Don't know [hs_condition_other_description]
-
- Overdose of medications prescribed to the dog [hs_condition]
- ↳ What medication(s) prescribed to the dog has your dog overdosed on?
- [hs_condition_other_description]
-
- Other: [hs_condition_other_description]
- ↙ [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Has your dog ever been diagnosed with any of the following conditions in any body system?

Trauma [hs_health_conditions_trauma]

This would include trauma like any of the following, or others not listed here:

- Bite wound from dog
- Bite wound from other animal
- Fall from height (such as down stairs or off balcony)
- Fractured bone
- Head trauma due to any cause
- Hit by car or other vehicle
- Kicked by horse or other large animal
- Laceration
- Penetrating wound (such as a stick)
- Proptosis (eye out of socket)
- Snakebite
- Tail injury
- Torn or broken toenail

1 Yes —————> Complete trauma section below

0 No —————> Skip to cancer/tumors section

What trauma(s) has your dog experienced? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Bite wound from dog [hs_condition]
- Bite wound from other animal [hs_condition]
- Fall from height (such as down stairs or off balcony) [hs_condition]
- Fractured bone [hs_condition]
 - What bone(s) has your dog fractured?
(select all that apply)
 - Long bone in limb (femur or humerus) [hs_condition_other_description]
 - Other bone in limb [hs_condition_other_description]
 - Spine [hs_condition_other_description]
 - Rib(s) [hs_condition_other_description]
 - Flat bone of head or face [hs_condition_other_description]
- Head trauma due to any cause [hs_condition]
- Hit by car or other vehicle [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Trauma (continued)

What trauma(s) has your dog experienced? *(select all that apply)*

- Kicked by horse or other large animal [hs_condition]
- Laceration [hs_condition]
- Penetrating wound (such as a stick) [hs_condition]
- Proptosis (eye out of socket) [hs_condition]
- Snakebite [hs_condition]
- Tail injury [hs_condition]
- Torn or broken toenail [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1 Required only surgery
- 2 Required only hospitalization
- 3 Required BOTH surgery and hospitalization
- 4 Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 Yes
- 0 No

Has your dog ever been diagnosed with any of the following conditions in any body system?

Cancer or Tumors [hs_health_conditions_cancer]

This would include cancer or tumors like any of the following, or others not listed here:

- Adrenal gland
- Anal sac
- Bladder or urethra
- Blood
- Bone or joint
- Brain
- Mammary (breast) tissue
- Cardiac (heart) tissue
- Ear
- Esophagus
- Eye
- Gallbladder or bile duct
- Gastrointestinal tract (stomach and/or intestine)
- Kidney
- Liver
- Lung
- Lymph nodes
- Muscle or other soft tissue
- Nose or nasal passage
- Nerve sheath
- Oral (mouth) cavity
- Ovary or uterus
- Pancreas
- Perianal area
- Pituitary gland
- Prostate
- Rectum
- Skin of trunk, body, or head
- Skin of limb or foot
- Spinal cord
- Spleen
- Testicle
- Thyroid
- Venereal (vagina, labia, penis, prepuce)

- 1** Yes _____ →
- 0** No _____ → *Skip to eye disorders section*

When was your dog FIRST diagnosed with cancer?
 Month: _____ [hs_initial_diagnosis_month]
 Year: _____ [hs_initial_diagnosis_year]

Was surgery or hospitalization required?
 [hs_required_surgery_or_hospitalization]

1 Required only surgery

2 Required only hospitalization

3 Required BOTH surgery and hospitalization

4 Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 Yes

0 No

Complete cancer/tumors section below

Cancer/tumors (continued)

Please select all areas of the body that were affected by cancer or tumors. *(select all that apply)*

Format: **hs_cancer_locations_...**

- Adrenal gland [...adrenal_gland]
- Anal sac [...anal_sac]
- Bladder or urethra [...bladder_or_urethra]
- Blood [...blood]
- Bone or Joint [...bone_or_joint]
- Brain [...brain]
- Mammary (breast) tissue [...mammary_tissue]
- Cardiac (heart) tissue [...cardiac_tissue]
- Ear [...ear]
- Esophagus [...esophagus]
- Eye [...eye]
- Gallbladder or bile duct [...gallbladder_or_bile_duct]
- Gastrointestinal tract (stomach and/or intestine) [...gastrointestinal_tract]
- Kidney [...kidney]
- Liver [...liver]
- Lung [...lung]
- Lymph nodes [...lymph_nodes]
- Muscle or other soft tissue [...muscle_or_soft_tissue]
- Nose or nasal passage [...nose_or_nasal_passage]
- Nerve sheath [...nerve_sheath]
- Oral (mouth) cavity [...oral_cavity]
- Ovary or uterus [...ovary_or_uterus]
- Pancreas [...pancreas]
- Perianal area [...perianal_area]
- Pituitary gland [...pituitary_gland]
- Prostate [...prostate]
- Rectum [...rectum]
- Skin of trunk, body, or head [...skin_of_trunk_body_head]
- Skin of limb or foot [...skin_of_limb_or_foot]
- Spinal cord [...spinal_cord]
- Spleen [...spleen]
- Testicle [...testicle]
- Thyroid [...thyroid]
- Venereal (vagina, labia, penis, prepuce) [...venereal]
- Other location of cancer: [...other_description]
 ← [...other]
- Don't know [...unknown]

Cancer/tumors (continued)

Please select which type(s) of cancer was diagnosed. *(select all that apply)*

Format: `hs_cancer_types_...`

- Adenoma (not listed elsewhere) `[...adenoma]`
- Adenocarcinoma (not listed elsewhere) `[...adenocarcinoma]`
- Basal cell tumor `[...basal_cell_tumor]`
- Carcinoma (not listed elsewhere) `[...carcinoma]`
- Chondrosarcoma `[...chondrosarcoma]`
- Cystadenoma `[...cystadenoma]`
- Epidermoid cyst `[...epidermoid_cyst]`
- Epulides `[...epulides]`
- Fibrosarcoma `[...fibrosarcoma]`
- Hemangioma `[...hemangioma]`
- Hemangiosarcoma `[...hemangiosarcoma]`
- Histiocytic sarcoma `[...histiocytic_sarcoma]`
- Histiocytoma `[...histiocytoma]`
- Insulinoma `[...insulinoma]`
- Leukemia `[...leukemia]`
- Leiomyoma `[...leiomyoma]`
- Leiomyosarcoma `[...leiomyosarcoma]`
- Lipoma `[...lipoma]`
- Lymphoma/lymphosarcoma `[...lymphoma_lymphosarcoma]`
- Mast cell tumor `[...mast_cell_tumor]`
- Melanoma `[...melanoma]`
- Meningioma `[...meningioma]`
- Multiple myeloma `[...multiple_myeloma]`
- Osteosarcoma `[...osteosarcoma]`
- Papilloma `[...papilloma]`
- Peripheral nerve sheath tumor `[...peripheral_nerve_sheath_tumor]`
- Plasmacytoma `[...plasmacytoma]`
- Rhabdomyosarcoma `[...rhabdomyosarcoma]`
- Sarcoma (not listed elsewhere) `[...sarcoma]`
- Sebaceous adenoma `[...sebaceous_adenoma]`
- Soft tissue sarcoma `[...soft_tissue_sarcoma]`
- Squamous cell carcinoma `[...squamous_cell_carcinoma]`
- Thymoma `[...thymoma]`
- Transitional cell carcinoma `[...transitional_cell_carcinoma]`
- Other type of cancer: `[...other_description]`
`[...other]`
- Don't know `[...unknown]`

What type(s) of leukemia was diagnosed? *(select all that apply)*

- Acute lymphoblastic leukemia (ALL) `[hs_leukemia_types_acute]`
- Chronic lymphocytic leukemia (CLL) `[hs_leukemia_types_chronic]`
- Other: `[hs_leukemia_types_other_description]`
`[hs_leukemia_types_other]`
- Don't know `[hs_leukemia_types_unknown]`

What type(s) of lymphoma/lymphosarcoma was diagnosed? *(select all that apply)*

- B cell `[hs_lymphoma_lymphosarcoma_types_b_cell]`
- T cell `[hs_lymphoma_lymphosarcoma_types_t_cell]`
- T zone `[hs_lymphoma_lymphosarcoma_types_t_zone]`
- Other: `[hs_lymphoma_lymphosarcoma_types_other_description]`
`[hs_lymphoma_lymphosarcoma_types_other]`
- Don't know `[hs_lymphoma_lymphosarcoma_types_unknown]`

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems? *(select all that apply)*

Eye disorders [hs_health_conditions_eye]

This would include eye disorders like any of the following, or others not listed here:

- *Adult-onset cataracts*
- *Blindness (acquired)*
- *Third eyelid prolapse (cherry eye)*
- *Conjunctivitis*
- *Corneal ulcer*
- *Distichia*
- *Dry eye (KCS)*
- *Ectropion (eyelid rolled out)*
- *Entropion (eyelid rolled in)*
- *Glaucoma*
- *Imperforate lacrimal punctum*
- *Iris cyst*
- *Juvenile cataracts*
- *Nuclear sclerosis (whitening of the eye)*
- *Pigmentary uveitis*
- *Progressive retinal atrophy or degeneration*
- *Retinal detachment*
- *Uveitis*

1 Yes —————> *Complete eye disorders section below*

0 No —————> *Skip to ear-nose-throat section*

Eye disorders (continued)

What eye disorder(s) has your dog been diagnosed with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Adult-onset cataracts [hs_condition]
- Blindness (acquired) [hs_condition]
 - ↳ Is the cause of the blindness known? **Withheld**
 - 1** Yes —————→
 - 0** No
- Third eyelid prolapse (cherry eye) [hs_condition]
- Conjunctivitis [hs_condition]
- Corneal ulcer [hs_condition]
- Distichia [hs_condition]
- Dry eye (KCS) [hs_condition]
- Ectropion (eyelid rolled out) [hs_condition]
- Entropion (eyelid rolled in) [hs_condition]
- Glaucoma [hs_condition]
- Imperforate lacrimal punctum [hs_condition]
- Iris cyst [hs_condition]
- Juvenile cataracts [hs_condition]
- Nuclear sclerosis (whitening of the eye) [hs_condition]
- Pigmentary uveitis [hs_condition]
- Progressive retinal atrophy or degeneration [hs_condition]
- Retinal detachment [hs_condition]
- Uveitis [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

What is the cause of the blindness? [hs_condition_cause]

- 1** SARDS
- 2** Progressive retinal atrophy or degeneration
- 3** Retinal detachment
- 4** Collie eye anomaly
- 5** Cataracts
- 6** Enucleation
- 98** Other: [hs_condition_cause_other_description]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?
[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Ear, nose, and throat disorders [hs_health_conditions_ear]

This would include ear, nose, and throat disorders like any of the following, or others not listed here:

- Chronic or recurrent ear infections
- Deafness (acquired)
- Ear mites
- Epistaxis (nose bleeds)
- Hearing loss (incompletely deaf)
- Hematoma
- Pharyngitis
- Rhinitis
- Tonsillitis

1 Yes —————> Complete ear, nose, and throat disorders section below

0 No —————> Skip to dental/oral disease section

What ear, nose, and throat disorder(s) has your dog been diagnosed with? *(select all that apply)*

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Chronic or recurrent ear infections [hs_condition]
- Deafness (acquired) [hs_condition]
- Ear mites [hs_condition]
- Epistaxis (nose bleeds) [hs_condition]
- Hearing loss (incompletely deaf) [hs_condition]
- Hematoma [hs_condition]
- Pharyngitis [hs_condition]
- Rhinitis [hs_condition]
- Tonsillitis [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Dental or oral disease [hs_health_conditions_oral]

This would include dental or oral diseases like any of the following, or others not listed here:

- Dental calculus (yellow build-up on teeth)
- Extracted teeth
- Fractured teeth
- Gingivitis (red, puffy gums)
- Masticatory myositis
- Oronasal fistula
- Overbite
- Retained deciduous (baby) teeth
- Sialoceles
- Underbite

1 Yes —————> Complete dental or oral disease section below

0 No —————> Skip to skin disorders section

What dental or oral disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Dental calculus (yellow build-up on teeth) [hs_condition]
- Extracted teeth [hs_condition]
- Fractured teeth [hs_condition]
- Gingivitis (red, puffy gums) [hs_condition]
- Masticatory myositis [hs_condition]
- Oronasal fistula [hs_condition]
- Overbite [hs_condition]
- Retained deciduous (baby) teeth [hs_condition]
- Sialoceles [hs_condition]
- Underbite [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?
[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Skin disorders [hs_health_conditions_skin]

This would include skin disorders like any of the following, or others not listed here:

- Alopecia (hair loss)
- Atopic dermatitis (atopy)
- Chronic or recurrent hot spots
- Chronic or recurrent skin infections
- Contact dermatitis
- Discoid lupus erythematosus (DLE)
- Flea allergy dermatitis
- Fleas
- Food or medicine allergies that affect the skin
- Ichthyosis
- Lick granuloma
- Non-specific dermatosis
- Panepidermal pustular pemphigus (PPP)
- Paraneoplastic pemphigus (PNP)
- Pemphigus erythematosus (PE)
- Pemphigus foliaceus (PF)
- Pemphigus vulgaris (PV)
- Pododermatitis
- Polymyositis
- Pruritis (itchy skin)
- Pyoderma or bacterial dermatitis
- Sarcoptic mange
- Seasonal allergies
- Sebaceous adenitis
- Sebaceous cysts
- Seborrhea or seborrheic dermatitis (greasy skin)
- Systemic demodectic mange
- Systemic lupus erythematosus (SLE)
- Ticks

1 Yes —————> Complete skin disorders section below

0 No —————> Skip to cardiac disorders section

Which skin disorder(s) has your dog been diagnosed with?
(select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Alopecia (hair loss) [hs_condition]
- Atopic dermatitis (atopy) [hs_condition]
- Chronic or recurrent hot spots [hs_condition]
- Chronic or recurrent skin infections [hs_condition]
- Contact dermatitis [hs_condition]
- Discoid lupus erythematosus (DLE) [hs_condition]
- Flea allergy dermatitis [hs_condition]
- Fleas [hs_condition]
- Food or medicine allergies that affect the skin [hs_condition]
- Ichthyosis [hs_condition]
- Lick granuloma [hs_condition]
- Non-specific dermatosis [hs_condition]
- Panepidermal pustular pemphigus (PPP) [hs_condition]
- Paraneoplastic pemphigus (PNP) [hs_condition]
- Pemphigus erythematosus (PE) [hs_condition]
- Pemphigus foliaceus (PF) [hs_condition]
- Pemphigus vulgaris (PV) [hs_condition]
- Pododermatitis [hs_condition]
- Polymyositis [hs_condition]
- Pruritis (itchy skin) [hs_condition]
- Pyoderma or bacterial dermatitis [hs_condition]
- Sarcoptic mange [hs_condition]
- Seasonal allergies [hs_condition]
- Sebaceous adenitis [hs_condition]
- Sebaceous cysts [hs_condition]
- Seborrhea or seborrheic dermatitis (greasy skin) [hs_condition]
- Systemic demodectic mange [hs_condition]
- Systemic lupus erythematosus (SLE) [hs_condition]
- Ticks [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Cardiac disorders [hs_health_conditions_cardiac]

This would include cardiac disorders like any of the following, or others not listed here:

- Arrhythmia
- Cardiomyopathy
- Congestive heart failure
- Endocarditis
- Hypertension (high blood pressure)
- Murmur
- Pericardial effusion
- Pulmonary hypertension
- Pulmonic stenosis
- Subaortic stenosis
- Valve disease

1 Yes —————> Complete cardiac disorders section below

0 No —————> Skip to respiratory disorders section

What cardiac disorder(s) has your dog been diagnosed with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Arrhythmia [hs_condition]
- Cardiomyopathy [hs_condition]
- Congestive heart failure [hs_condition]
- Endocarditis [hs_condition]
- Hypertension (high blood pressure) [hs_condition]
- Murmur [hs_condition]
- Pericardial effusion [hs_condition]
- Pulmonary hypertension [hs_condition]
- Pulmonic stenosis [hs_condition]
- Subaortic stenosis [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Cardiac disorders (continued)

What cardiac disorder(s) has your dog been diagnosed with? (*select all that apply*)

Valve disease [hs_condition]

└─ Please specify the valve disease your dog was diagnosed with.

[hs_condition_other_description]

Other: [hs_condition_other_description]

← [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1 Required only surgery
- 2 Required only hospitalization
- 3 Required BOTH surgery and hospitalization
- 4 Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 Yes
- 0 No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Respiratory disorders [hs_health_conditions_respiratory]

This would include respiratory disorders like any of the following, or others not listed here:

- Acquired or acute respiratory distress syndrome (ARDS)
- Chronic or recurrent bronchitis
- Chronic or recurrent cough
- Chronic or recurrent rhinitis
- Elongated soft palate
- Laryngeal paralysis
- Lung lobe torsion
- Pneumonia
- Pulmonary bullae
- Stenotic/narrow nares
- Tracheal collapse
- Tracheal stenosis (narrowing)

1 Yes —————> Complete respiratory disorders section below

0 No —————> Skip to gastrointestinal disorders section

What respiratory disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Acquired or acute respiratory distress syndrome (ARDS) [hs_condition]
- Chronic or recurrent bronchitis [hs_condition]
- Chronic or recurrent cough [hs_condition]
- Chronic or recurrent rhinitis [hs_condition]
- Elongated soft palate [hs_condition]
- Laryngeal paralysis [hs_condition]
- Lung lobe torsion [hs_condition]
- Pneumonia [hs_condition]
- Pulmonary bullae [hs_condition]
- Stenotic/narrow nares [hs_condition]
- Tracheal collapse [hs_condition]
- Tracheal stenosis (narrowing) [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

1 Required only surgery

2 Required only hospitalization

3 Required BOTH surgery and hospitalization

4 Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

1 Yes

0 No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Gastrointestinal disorders [hs_health_conditions_gastrointestinal]

This would include skin disorders like any of the following, or others not listed here:

- Anal sac impaction
- Biliary vomiting syndrome
- Bloat with torsion (GDV)
- Chronic or recurrent diarrhea
- Chronic or recurrent vomiting
- Constipation
- Fecal incontinence
- Food or medicine allergies
- Foreign body ingestion or blockage
- Hemorrhagic gastroenteritis (HGE) or stress colitis (acute)
- Idiopathic canine colitis (chronic)
- Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD)
- Lymphangiectasia
- Malabsorptive disorder
- Megaesophagus
- Other allergies
- Protein-losing enteropathy (PLE)
- Pyloric stenosis

1 Yes —————> Complete gastrointestinal section below

0 No —————> Skip to liver or pancreas disorders section

Which gastrointestinal disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Anal sac impaction [hs_condition]
- Biliary vomiting syndrome [hs_condition]
- Bloat with torsion (GDV) [hs_condition]
- Chronic or recurrent diarrhea [hs_condition]
- Chronic or recurrent vomiting [hs_condition]
- Constipation [hs_condition]
- Fecal incontinence [hs_condition]
- Food or medicine allergies [hs_condition]
- Foreign body ingestion or blockage [hs_condition]
- Hemorrhagic gastroenteritis (HGE) or stress colitis (acute) [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Gastrointestinal disorders (continued)

Which gastrointestinal disorder(s) has your dog been diagnosed with? (select all that apply)

- Idiopathic canine colitis (chronic) [hs_condition]
- Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD) [hs_condition]
- Lymphangiectasia [hs_condition]
- Malabsorptive disorder [hs_condition]
- Megaesophagus [hs_condition]
- Other allergies [hs_condition]
- Protein-losing enteropathy (PLE) [hs_condition]
- Pyloric stenosis [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Liver or pancreas disorders [hs_health_conditions_liver]

This would include liver or pancreas disorders like any of the following, or others not listed here:

- Biliary obstruction
- Chronic inflammatory liver disease
- Exocrine pancreatic insufficiency (EPI)
- Gall bladder mucocele
- Gall bladder rupture
- Gall bladder surgery
- Microvascular dysplasia (portal vein hypoplasia)
- Pancreatitis
- Portosystemic shunt (acquired)

1 Yes —————> Complete liver or pancreas disorders section below

0 No —————> Skip to kidney or urinary disorders section

What liver or pancreas disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Biliary obstruction [hs_condition]
- Chronic inflammatory liver disease [hs_condition]
- Exocrine pancreatic insufficiency (EPI) [hs_condition]
- Gall bladder mucocele [hs_condition]
- Gall bladder rupture [hs_condition]
- Gall bladder surgery [hs_condition]
- Microvascular dysplasia (portal vein hypoplasia) [hs_condition]
- Pancreatitis [hs_condition]
- Portosystemic shunt (acquired) [hs_condition]
- Other: [hs_condition_other_description] [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Kidney or urinary disorders [hs_health_conditions_kidney]

This would include kidney or urinary disorders like any of the following, or others not listed here:

- Acute kidney failure
- Bladder prolapse
- Chronic kidney disease
- Ectopic ureter
- Pyelonephritis (kidney infection)
- Kidney stones
- Proteinuria
- Renal dysplasia
- Tubular disorder (such as Fanconi syndrome)
- Urethral prolapse
- Urinary crystals or stones in bladder or urethra
- Urinary incontinence
- Urinary tract infection (chronic or recurrent)

1 Yes —————> Complete kidney or urinary disorders section below

0 No —————> Skip to reproductive system disorders section

What kidney or urinary disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Acute kidney failure [hs_condition]
- Bladder prolapse [hs_condition]
- Chronic kidney disease [hs_condition]
- Ectopic ureter [hs_condition]
- Pyelonephritis (kidney infection) [hs_condition]
- Kidney stones [hs_condition]
- Proteinuria [hs_condition]
- Renal dysplasia [hs_condition]
- Tubular disorder (such as Fanconi syndrome) [hs_condition]
- Urethral prolapse [hs_condition]
- Urinary crystals or stones in bladder or urethra [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Kidney or urinary disorders (continued)

What kidney or urinary disorder(s) has your dog been diagnosed with? *(select all that apply)*

- Urinary incontinence [hs_condition]
 - ↳ Is the cause of incontinence known? [hs_condition_cause]
 - 1** Yes → What is the cause of incontinence?
 - 0** No [hs_condition_cause_other_description]
- Urinary tract infection (chronic or recurrent)
- Other: [hs_condition_other_description] [hs_condition]
 - ↳ [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required? [hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Reproductive system disorders [hs_health_conditions_reproductive]

This would include reproductive system disorders like any of the following, or others not listed here:

- Benign prostatic hyperplasia
- Dystocia
- Irregular heat cycle
- Mastitis
- Papilloma (genital warts)
- Paraphimosis
- Prostatitis
- Preputial infection
- Pseudopregnancy
- Pyometra
- Recessed vulva
- Testicular atrophy
- Vaginitis

1 Yes —————> Complete reproductive system disorders section below

0 No —————> Skip to orthopedic disorders section

What reproductive system disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Benign prostatic hyperplasia [hs_condition]
- Dystocia [hs_condition]
- Irregular heat cycle [hs_condition]
- Mastitis [hs_condition]
- Papilloma (genital warts) [hs_condition]
- Paraphimosis [hs_condition]
- Prostatitis [hs_condition]
- Preputial infection [hs_condition]
- Pseudopregnancy [hs_condition]
- Pyometra [hs_condition]
- Recessed vulva [hs_condition]
- Testicular atrophy [hs_condition]
- Vaginitis [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Orthopedic disorders [hs_health_conditions_orthopedic]

This would include orthopedic disorders like any of the following, or others not listed here:

- Carpal subluxation syndrome
- Cruciate ligament rupture
- Degenerative joint disease
- Dwarfism
- Elbow dysplasia
- Growth deformity
- Hip dysplasia
- Intervertebral disc disease (IVDD)
- Lameness (chronic or recurrent)
- Osteoarthritis
- Osteochondritis dissecans (OCD)
- Osteomyelitis
- Panosteitis
- Patellar luxation
- Rheumatoid arthritis
- Spondylosis

- 1** Yes —————> Complete orthopedic disorders section below
- 0** No —————> Skip to neurologic disorders section

What orthopedic disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Carpal subluxation syndrome [hs_condition]
- Cruciate ligament rupture [hs_condition]
- Degenerative joint disease [hs_condition]
- Dwarfism [hs_condition]
- Elbow dysplasia [hs_condition]
- Growth deformity [hs_condition]
- Hip dysplasia [hs_condition]
- Intervertebral disc disease (IVDD) [hs_condition]
- Lameness (chronic or recurrent) [hs_condition]
- Osteoarthritis [hs_condition]
- Osteochondritis dissecans (OCD) [hs_condition]
- Osteomyelitis [hs_condition]
- Panosteitis [hs_condition]
- Patellar luxation [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Orthopedic disorders (continued)

What orthopedic disorder(s) has your dog been diagnosed with? (select all that apply)

- Rheumatoid arthritis [hs_condition]
- Spondylosis [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?
[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Neurologic disorders [hs_health_conditions_neurological]

This would include neurologic disorders like any of the following, or others not listed here:

- Cauda equina syndrome
- Degenerative myelopathy
- Dementia or senility
- Diskospondylitis
- Dysautonomia
- Fibrocartilaginous embolism (FCE)
- Horner's syndrome
- Intervertebral disc disease (IVDD)
- Laryngeal paralysis
- Limb paralysis
- Myasthenia gravis
- Polyneuropathy
- Seizures (including epilepsy)
- Vestibular disease
- Wobbler syndrome

1 Yes —————> Complete neurologic disorders section below

0 No —————> Skip to endocrine disorders section

What neurologic disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Cauda equina syndrome [hs_condition]
- Degenerative myelopathy [hs_condition]
- Dementia or senility [hs_condition]
- Diskospondylitis [hs_condition]
- Dysautonomia [hs_condition]
- Fibrocartilaginous embolism (FCE) [hs_condition]
- Horner's syndrome [hs_condition]
- Intervertebral disc disease (IVDD) [hs_condition]
- Laryngeal paralysis [hs_condition]
- Limb paralysis [hs_condition]
- Myasthenia gravis [hs_condition]
- Polyneuropathy [hs_condition]
- Seizures (including epilepsy) [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Neurologic disorders (continued)

What neurologic disorder(s) has your dog been diagnosed with? (select all that apply)

- Vestibular disease [hs_condition]
- ↳ What type of vestibular disease was your dog diagnosed with? [hs_condition]
- 1 Central
- 2 Peripheral
- 99 Unknown
- Wobbler syndrome [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?
[hs_required_surgery_or_hospitalization]

- 1 Required only surgery
- 2 Required only hospitalization
- 3 Required BOTH surgery and hospitalization
- 4 Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1 Yes
- 0 No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Endocrine disorders [hs_health_conditions_endocrine]

This would include endocrine disorders like any of the following, or others not listed here:

- Addison's disease (hypoadrenocorticism; low adrenal function)
- Cushing's disease (hyperadrenocorticism; excess adrenal function)
- Diabetes insipidus (rare "diabetes" which causes water balance problems)
- Diabetes mellitus (common "diabetes" which causes high blood sugar)
- Hypercalcemia (excess calcium in the blood)
- Hyperparathyroidism (excess parathyroid function causing high calcium)
- Hypoparathyroidism (low parathyroid function causing low calcium)
- Hyperthyroidism (excess thyroid function)
- Hypothyroidism (low thyroid function)

- 1** Yes —————> Complete endocrine disorders section below
- 0** No —————> Skip to hematopoietic (blood/lymphatic) diseases section

What endocrine disorder(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Addison's disease (hypoadrenocorticism; low adrenal function) [hs_condition]
- Cushing's disease (hyperadrenocorticism; excess adrenal function) [hs_condition]
- Diabetes insipidus (rare "diabetes" which causes water balance problems) [hs_condition]
- Diabetes mellitus (common "diabetes" which causes high blood sugar) [hs_condition]
- Hypercalcemia (excess calcium in the blood) [hs_condition]
- Hyperparathyroidism (excess parathyroid function causing high calcium) [hs_condition]
- Hypoparathyroidism (low parathyroid function causing low calcium) [hs_condition]
- Hyperthyroidism (excess thyroid function) [hs_condition]
- Hypothyroidism (low thyroid function) [hs_condition]
- Other: [hs_condition_other_description] [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required? [hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Hematopoietic (blood or lymphatic) disease [hs_health_conditions_hematologic]

This would include hematopoietic (blood or lymphatic) diseases like any of the following, or others not listed here:

- Anemia
- Factor I deficiency
- Hemophilia
- Polycythemia
- Selective IgM deficiency
- Splenic hematoma
- Splenic torsion
- Thrombocytopenia (not immune-mediated)
- Thromboembolism
- Von Willebrand's disease

1 Yes —————> Complete hematopoietic (blood or lymphatic) disease section below

0 No —————> Skip to immune-mediated diseases section

What hematopoietic (blood or lymphatic) disease(s) has your dog been diagnosed with? (select all that apply)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Anemia [hs_condition]
- Factor I deficiency [hs_condition]
- Hemophilia [hs_condition]
- Polycythemia [hs_condition]
- Selective IgM deficiency [hs_condition]
- Splenic hematoma [hs_condition]
- Splenic torsion [hs_condition]
- Thrombocytopenia (not immune-mediated) [hs_condition]
- Thromboembolism [hs_condition]
- Von Willebrand's disease [hs_condition]
- Other: [hs_condition_other_description] [hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Other than infection, trauma, or cancer, has your dog been diagnosed with condition(s) affecting any of these body systems?

Immune-mediated disease [hs_health_conditions_immune]

This would include immune-mediated diseases like any of the following, or others not listed here:

- Autoimmune thyroiditis
- Discoid lupus erythematosus (DLE)
- Idiopathic immune-mediated thrombocytopenia (IMT/ITP)
- Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA)
- Immune-mediated polyarthritis (IMPA)
- Panepidermal pustular pemphigus (PPP)
- Paraneoplastic pemphigus (PNP)
- Pemphigus erythematosus (PE)
- Pemphigus foliaceus (PF)
- Pemphigus vulgaris (PV)
- Polymyositis
- Systemic lupus erythematosus (SLE)

1 Yes —————> Complete immune-mediated disease section below

0 No —————> Skip to next section

What immune-mediated disease(s) has your dog been diagnosed with? (*select all that apply*)

For any diagnosis you choose, we will ask the date of diagnosis. If your dog has had that diagnosis more than once, please report the MOST RECENT time.

- Autoimmune thyroiditis [hs_condition]
- Discoid lupus erythematosus (DLE) [hs_condition]
- Idiopathic immune-mediated thrombocytopenia (IMT/ITP) [hs_condition]
- Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA) [hs_condition]
- Immune-mediated polyarthritis (IMPA) [hs_condition]
- Panepidermal pustular pemphigus (PPP) [hs_condition]
- Paraneoplastic pemphigus (PNP) [hs_condition]
- Pemphigus erythematosus (PE) [hs_condition]
- Pemphigus foliaceus (PF) [hs_condition]
- Pemphigus vulgaris (PV) [hs_condition]
- Polymyositis [hs_condition]
- Systemic lupus erythematosus (SLE) [hs_condition]
- Other: [hs_condition_other_description]
[hs_condition]

The following questions will appear after each condition is selected.

What was the approximate month and year of diagnosis?

Month: _____ [hs_diagnosis_month]

Year: _____ [hs_diagnosis_year]

Was surgery or hospitalization required?

[hs_required_surgery_or_hospitalization]

- 1** Required only surgery
- 2** Required only hospitalization
- 3** Required BOTH surgery and hospitalization
- 4** Did NOT require either

Is there ongoing follow-up? [hs_follow_up_ongoing]

- 1** Yes
- 0** No

Is there anything that you need to tell us about any medical condition your dog has had (whether referenced above or not)? [\[hs_other_medical_info\]](#)

In addition to veterinary care and prescription medications, which of the following health care approaches have you utilized for your pet? (*select all that apply*) [\[hs_alternative_health_care\]](#)

- Acupuncture [\[hs_alternative_care_acupuncture\]](#)
- Herbal medicine [\[hs_alternative_care_herbal_medicine\]](#)
- Homeopathy [\[hs_alternative_care_homeopathy\]](#)
- Chiropractic care [\[hs_alternative_care_chiropractic\]](#)
- Massage [\[hs_alternative_care_massage\]](#)
- Rehabilitation therapy [\[hs_alternative_care_rehabilitation_therapy\]](#)
- Reiki [\[hs_alternative_care_reiki\]](#)
- Traditional Chinese medicine [\[hs_alternative_care_traditional_chinese_medicine\]](#)
- None of the above **Withheld**
- Other: [\[hs_alternative_health_care_other_description\]](#)
[\[hs_alternative_care_other\]](#)

Woof! You've successfully completed this section of the Health and Life Experience Survey. Knowing about [dog name]'s medical and health history is a critical part of understanding the aging process in our canine companions. If you're ready to move on, 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.

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

1 Eye	303 Missing teeth	421 Pododermatitis	6 Respiratory
101 Blindness	304 Dental calculus (yellow build-up on teeth)	422 Polymyositis (Skin)	601 Stenotic/narrow nares
102 Cataracts	305 Extracted teeth	423 Pruritis (itchy skin)	602 Tracheal stenosis (narrowing)
103 Glaucoma	306 Fractured teeth	424 Pyoderma or bacterial dermatitis	603 Acquired or acute respiratory distress syndrome (ARDS)
104 Keratoconjunctivitis sicca (KCS)	307 Gingivitis (red, puffy gums)	425 Sarcoptic mange	604 Chronic or recurrent bronchitis
105 Persistent pupillary membrane (PPM)	308 Masticatory myositis	426 Seasonal allergies	605 Chronic or recurrent cough
106 Missing one or both eyes	309 Oronasal fistula	427 Sebaceous adenitis	606 Chronic or recurrent rhinitis
107 Third eyelid prolapse (cherry eye)	310 Overbite	428 Sebaceous cysts	607 Elongated soft palate
108 Conjunctivitis	311 Retained deciduous (baby) teeth	429 Seborrhea or seborrheic dermatitis (greasy skin)	608 Laryngeal paralysis (Respiratory)
109 Corneal ulcer	312 Sialocele	430 Systemic demodectic mange	609 Lung lobe torsion
110 Distichia	313 Underbite	431 Systemic lupus erythematosus (SLE) (Skin)	610 Pneumonia
111 Ectropion (eyelid rolled out)	398 Other oral condition	432 Ticks	611 Pulmonary bullae
112 Entropion (eyelid rolled in)		498 Other skin condition	612 Tracheal collapse
113 Imperforate lacrimal punctum	4 Skin		698 Other respiratory condition
114 Iris cyst	401 Dermoid cysts	5 Cardiac	7 Gastrointestinal
115 Juvenile cataracts	402 Spina bifida	501 Aortic/Subaortic stenosis	701 Atresia ani
116 Nuclear sclerosis	403 Umbilical hernia (Skin)	502 Atrial septal defects	702 Esophageal achalasia
117 Pigmentary uveitis	404 Alopecia (hair loss)	503 Mitral dysplasia	703 Megaesophagus
118 Progressive retinal atrophy	405 Atopic dermatitis (atopy)	504 Murmur	704 Umbilical hernia (Gastrointestinal)
119 Retinal detachment	406 Chronic or recurrent hot spots	505 Patent ductus arteriosus (PDA)	705 Anal sac impaction
120 Uveitis	407 Chronic or recurrent skin infections	506 Persistent right aortic arch	706 Bilious vomiting syndrome
198 Other eye condition	408 Contact dermatitis	507 Pulmonic stenosis	707 Bloat with torsion (GDV)
	409 Discoid lupus erythematosus (DLE) (Skin)	508 Tricuspid dysplasia	708 Chronic or recurrent diarrhea
2 Ear/Nose/Throat	410 Flea allergy dermatitis	509 Ventricular septal defects	709 Chronic or recurrent vomiting
201 Deafness	411 Fleas	510 Arrhythmia	710 Constipation
202 Ear Infection	412 Food or medicine allergies that affect the skin	511 Cardiomyopathy	711 Fecal incontinence
203 Ear Mites	413 Ichthyosis	512 Congestive heart failure	712 Food or medicine allergies
204 Epistaxis (nose bleeds)	414 Lick granuloma	513 Endocarditis	713 Foreign body ingestion or blockage
205 Hearing loss (incompletely deaf)	415 Non-specific dermatosis	514 Hypertension (high blood pressure)	714 Hemorrhagic gastroenteritis (HGE) or stress colitis (acute)
206 Hematoma	416 Panepidermal pustular pemphigus (PPP) (Skin)	515 Pericardial effusion	715 Idiopathic canine colitis (chronic)
207 Pharyngitis	417 Paraneoplastic pemphigus (PNP) (Skin)	516 Pulmonary hypertension	716 Irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD)
208 Rhinitis	418 Pemphigus erythematosus (PE) (Skin)	518 Subaortic stenosis	717 Lymphangiectasia
209 Tonsillitis	419 Pemphigus foliaceus (PF) (Skin)	519 Valve disease	718 Malabsorptive disorder
298 Other ear condition	420 Pemphigus vulgaris (PV) (Skin)	598 Other Cardiac	
3 Mouth/Dental/Oral			
301 Cleft lip			
302 Cleft palate			

(continued)

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

7 Gastrointestinal (continued)	10 Reproductive	1119 Spondylosis	1309 Hyperparathyroidism (excess parathyroid function causing high calcium)
719 Other allergies	1001 Cryptorchid	1198 Other orthopedic condition	1310 Hypoparathyroidism (low parathyroid function causing low calcium)
720 Protein-losing enteropathy (PLE)	1002 Hermaphroditism		1311 Hyperthyroidism (excess thyroid function)
721 Pyloric stenosis	1003 Hypospadias	12 Brain/Neurologic	1312 Hypothyroidism (low thyroid function)
798 Other gastrointestinal condition	1004 Phimosis	1201 Cerebellar hypoplasia	1398 Other endocrine condition
	1005 Benign prostatic hyperplasia	1202 Hydrocephalus	
8 Liver/Pancreas	1006 Dystocia	1203 Cauda equina syndrome	
801 Portosystemic shunt	1007 Irregular heat cycle	1204 Degenerative myelopathy	
802 Biliary obstruction	1008 Mastitis	1205 Dementia or senility	14 Hematopoietic
803 Chronic inflammatory liver disease	1009 Papilloma (genital warts)	1206 Diskospondylitis	1401 Congenital dyserythropoiesis
804 Exocrine pancreatic insufficiency (EPI)	1010 Paraphimosis	1207 Dysautonomia	1402 Macrothrombocytopenia
805 Gall bladder mucocele	1011 Prostatitis	1208 Fibrocartilaginous embolism (FCE)	1403 Microcytosis or macrocytosis
806 Gall bladder rupture	1012 Preputial infection	1209 Horner's syndrome	1404 Pelger-Huet anomaly
807 Gall bladder surgery	1013 Pseudopregnancy	1210 Intervertebral disc disease (IVDD) (Neurologic)	1405 Phosphofructokinase (PFK) deficiency
808 Microvascular dysplasia (portal vein hypoplasia)	1014 Pyometra	1211 Laryngeal paralysis (Neurologic)	1406 Pyruvate kinase (PK) deficiency
809 Pancreatitis	1015 Recessed vulva	1212 Limb paralysis	1407 Anemia
898 Other liver condition	1016 Testicular atrophy	1213 Myasthenia gravis	1408 Factor I deficiency
	1017 Vaginitis	1214 Polyneuropathy	1409 Hemophilia
9 Kidney/Urinary	1098 Other reproductive condition	1215 Seizures (including epilepsy)	1410 Polycythemia
901 Born with one kidney		1216 Vestibular disease	1411 Selective IgM deficiency
902 Ectopic ureter	11 Bone/Orthopedic	1217 Wobbler syndrome	1412 Splenic hematoma
903 Patent urachus	1101 Missing a limb or part of a limb	1298 Other neurologic condition	1413 Splenic torsion
904 Renal cysts	1102 Valgus deformity		1414 Thrombocytopenia (not immune-mediated)
905 Renal dysplasia	1103 Varus deformity	13 Endocrine	1415 Thromboembolism
906 Acute kidney failure	1104 Carpal subluxation syndrome	1301 Congenital hypothyroidism	1416 Von Willebrand's disease
907 Bladder prolapse	1105 Cruciate ligament rupture	1302 Juvenile hypoglycemia	1498 Other Hematopoietic
908 Chronic kidney disease	1106 Degenerative joint disease	1303 Pituitary dwarfism	
909 Pyelonephritis (kidney infection)	1107 Dwarfism	1304 Addison's disease (hypoadrenocorticism; low adrenal function)	15 Other Congenital Disorder
910 Kidney stones	1108 Elbow dysplasia	1305 Cushing's disease (hyperadrenocorticism; excess adrenal function)	1598 Other congenital disorder
911 Proteinuria	1109 Growth deformity	1306 Diabetes insipidus (rare diabetes which causes water balance problems)	
912 Tubular disorder (such as Fanconi syndrome)	1110 Hip dysplasia	1307 Diabetes mellitus (common diabetes which causes high blood sugar)	16 Infection/Parasites
913 Urethral prolapse	1111 Intervertebral disc disease (IVDD) (Orthopedic)	1308 Hypercalcemia (excess calcium in the blood)	1601 Anaplasmosis
914 Urinary crystals or stones in bladder or urethra	1112 Lameness (chronic or recurrent)		1602 Aspergillosis
915 Urinary incontinence	1113 Osteoarthritis		1603 Babesiosis
916 Urinary tract infection (chronic or recurrent)	1114 Osteochondritis dissecans (OCD)		1604 Blastomycosis
998 Other kidney condition	1115 Osteomyelitis		(continued)
	1116 Panosteitis		
	1117 Patellar luxation		
	1118 Rheumatoid arthritis		

Bolded items are condition types [hs_condition_type]. They are followed by the specific conditions [hs_condition] within that type.

16 Infection/Parasites (continued)	17 Toxin Consumption	19 Immune-mediated
1605 Bordetella and/or parainfluenza ("kennel cough")	1701 Chocolate	1901 Autoimmune thyroiditis
1606 Brucellosis	1702 Ethylene glycol (antifreeze)	1902 Discoid lupus erythematosus (DLE) (Immune)
1607 Campylobacteriosis	1703 Grapes or raisins	1903 Idiopathic immune-mediated thrombocytopenia (IMT/ITP)
1608 Chagas disease (trypanosomiasis)	1704 Ingestion of human medications	1904 Immune-mediated hemolytic anemia (IMHA) or autoimmune hemolytic anemia (AIHA)
1609 Coccidia	1705 Ingestion of recreational drugs	1905 Immune-mediated polyarthritis (IMPA)
1610 Coccidioidomycosis	1706 Mouse or rat bait/poison (Bromethalin)	1906 Panepidermal pustular pemphigus (PPP) (Immune)
1611 Cryptococcus	1707 Mouse or rat bait/poison (Calciferol)	1907 Paraneoplastic pemphigus (PNP) (Immune)
1612 Dermatophytosis ("ringworm")	1708 Mouse or rat bait/poison (Warfarin)	1908 Pemphigus erythematosus (PE) (Immune)
1613 Distemper	1709 Mouse or rat bait/poison (Other/Unknown)	1909 Pemphigus foliaceus (PF) (Immune)
1614 Ehrlichiosis	1710 Overdose of medications prescribed to the dog	1910 Pemphigus vulgaris (PV) (Immune)
1615 Fever of unknown origin	1798 Other Toxin Consumption	1911 Polymyositis (Immune)
1616 Gastrointestinal parasites		1912 Systemic lupus erythematosus (SLE) (Immune)
1617 Giardia		1998 Other Immune
1618 Granuloma	18 Trauma	
1619 Heartworm infection	1801 Dog bite	
1620 Histoplasmosis	1802 Bite wound from another animal	
1621 Hepatozoonosis	1803 Fall from height	
1622 Hookworms	1804 Fractured bone (long bone in limb)	
1623 Influenza	1805 Fractured bone (other bone in limb)	
1624 Isospora	1806 Fractured bone (spine)	
1625 Leishmaniasis	1807 Fractured bone (rib(s))	
1626 Leptospirosis	1808 Fractured bone (flat bone of head or face)	
1627 Lyme disease	1809 Head trauma due to any cause	
1628 MRSA/MRSP	1810 Hit by car or other vehicle	
1629 Mycobacterium	1811 Kicked by horse or other large animal	
1630 Parvovirus	1812 Laceration	
1631 Plague (Yersinia pestis)	1813 Penetrating wound (such as a stick)	
1632 Pythium	1814 Proptosis (eye out of socket)	
1633 Rocky Mountain Spotted Fever (RMSF)	1815 Snakebite	
1634 Roundworms	1816 Tail injury	
1635 Salmonellosis	1817 Torn or broken toenail	
1636 Salmon poisoning	1898 Other trauma	
1637 Tapeworms		
1638 Toxoplasma		
1639 Tularemia		
1640 Whipworms		
1698 Other infectious disease		