

## Questionnaire

- Date of blood collection \_\_\_\_\_
- Name of owner \_\_\_\_\_
- Name of dog \_\_\_\_\_
- Date of birth \_\_\_\_\_ Sex and sexual status of patient \_\_\_\_\_
- What diet(s) is the dog currently on? \_\_\_\_\_
  - Length of time on this diet \_\_\_\_\_
- Current weight (in pounds) \_\_\_\_\_
- Body Condition Score (scale 1-9; please see attached chart for clarification) \_\_\_\_\_
- Was the dog fasted for at least 15 hours before blood collection? \_\_\_\_\_
- Is this dog currently healthy? \_\_\_\_\_
- Did the dog have any of the following clinical signs **at the time of blood collection or the week before?**

Vomiting:	Yes	No	Diarrhea:	Yes	No
Abdominal pain:	Yes	No	Anorexia:	Yes	No
Depression:	Yes	No			
- Please list **any** clinical signs this dog has exhibited in the last 3 months:  
\_\_\_\_\_  
\_\_\_\_\_
- Please list **any past or current medical** conditions of this dog and the dates they were diagnosed:  
\_\_\_\_\_  
\_\_\_\_\_
- Is this dog currently on any medications? \_\_\_\_\_
  - If yes, please list all the medications and the time for which they have been administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does this dog have a history of high serum triglyceride concentrations? \_\_\_\_\_
  - If yes, what are the dates and results of these tests?  
\_\_\_\_\_
- Does this dog have ever been diagnosed with hypothyroidism? \_\_\_\_\_
  - If yes, when? \_\_\_\_\_
  - Is this dog currently treated for hypothyroidism? \_\_\_\_\_

- Does this dog have ever been diagnosed with diabetes or Cushing's? \_\_\_\_\_
- If yes, when? \_\_\_\_\_
- Is this dog currently treated for any of these diseases? \_\_\_\_\_
- Please list dogs related to this dog from which you are also sending us samples and describe their relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_