

Questionnaire for Cystinuria Research in the Irish Terrier & Kromfohlländer

Personal Data

Name: _____ First name: _____
Street: _____ City: _____
Country: _____ Telephone: _____
E-mail: _____

Dog's information

Name: _____ Kennel: _____
Breed: _____ Registry nr.: _____
Date of birth: _____ Weight in kg: _____

My dog is:

- Female or female spayed Male intact (not castrated, not neutered)
 Male and surgically castrated Male and chemical castrated ("Castration-Chip")

If your dog has been surgically castrated, please write the date of castration:

If your dog is or has been chemically castrated with a "Castration-Chip" please specify the Chip-Type (trade name and duration of action) and the date of implantation:

Chip-Type: _____ Duration of action: _____
Date of implantation: _____

Did your dog ever experience one of the following conditions?

Urinary tract infection: Yes No Blood in urine: Yes No
Strain during urination: Yes No
Urinary stones: Yes No (if yes, attach please all available information, e.g. a copy of the urinary stone analysis)

Is your dog related to a dog who has been diagnosed with cystinuria?

If yes, please specify the relationship degree (e.g. father-son, litter-brother ...) and attach a copy of the pedigree in which you highlight the cystinuria affected dog.

Is your dog affected by any of these diseases?

(Tick the corresponding checkbox please, also if your dog is actually in treatment for any of these conditions).

- Chronic kidney disease Cushing / Hyperadrenocorticism
 Diabetes Mellitus (high blood sugar) Other diabetes types (e.g. Diabetes insipidus)
 Fanconi-Syndrom I do not know

Is your dog affected by any other disease? Yes No

If yes, which one? _____

Does your dog currently get any medication? Yes No

If yes, please specify which medication(s)? (Please indicate the drug name, amount / size, and dosage, e.g.: Lasix 1 mg, one pill twice a day).

If your dog was diagnosed with cystinuria:

Dog's age by the time of cystinuria diagnosis: _____

Measure(s) taken: _____

(If urine was examined after castration, please attach also these analyses).

Date and time of urine sample collection for this research: _____

Was your dog fasting for the urine sample collection used for the COLA-test? Yes No

If not, please specify what the dog ate and how many hours before the urine collection:

Date of the COLA-Test: _____ Laboratory: _____ (attach please the report)

Which kind of food does your dog eat?

- | | | |
|----------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Dry food | <input type="checkbox"/> Canned food | <input type="checkbox"/> Dry and canned food |
| <input type="checkbox"/> Home cooked food | <input type="checkbox"/> BARF (raw food) | <input type="checkbox"/> BARF and dry food |
| <input type="checkbox"/> BARF and canned food | <input type="checkbox"/> BARF, dry and canned food | |
| <input type="checkbox"/> BARF und home cooked food | <input type="checkbox"/> Only vegetarian food | |

Was the food changed?

- Yes, on the _____ (date) No

In how many meals per day do you split your dog's food?

- 1 2 3 More than 3

What is the protein content of your dog's food?

In commercial food the protein content is usually present on the food package and listed among the ingredients. You should find it as percentage under protein content or crude protein. If you do not know what the protein content of your dog's food is, please tick the corresponding checkbox.

- | | | |
|----------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than 15% | <input type="checkbox"/> Between 15% and 20% | <input type="checkbox"/> Between 21% and 25% |
| <input type="checkbox"/> More than 25% | <input type="checkbox"/> I do not know | |

Please weigh the feed components of the current food ration (in gram per day):

Dry food brand: _____ g/day (total amount per day)

Canned food brand: _____ g/day (total amount per day)

City, date

Signature

Please send the filled questionnaire along with the consent form ("blood sample archive for future genetic research projects") and other documents as **pdf files** to petra.hug@vetsuisse.unibe.ch or by post at this address: Institute of Genetics, med. vet. Linda Anderegg, Bremgartenstr. 109a, Postfach, CH-3001 Bern. All information will be treated confidentially.