



ID _ _ _ _

RAPID ASSESSMENT OF KNOWLEDGE AND ATTITUDES TOWARDS DOG CARE

Today's Date: m m d d y y

Site Code

Location Zip Code

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We are doing a short survey on knowledge and attitudes towards pet care. This survey will take less than 10 minutes to complete. Your participation is voluntary and your refusal will not affect the quality of the care you receive at this facility. Your responses will be kept strictly confidential, and we will not ask for your name, address, or telephone number. Your responses will be reported only as aggregate (combined) information and will not identify you. We thank you in advance for your contribution to this important study.

First, a few questions about your household.

- 1. Do you have at least one dog? Yes No
- 2. How many dogs are in your household? _____
- 3. Your age: _____
- 4. Your gender: Male Female
- 5. What is your city of residence? _____
- 6. How many people are in your household? _____
- 7. How many children under 10 years of age are in your household? _____
- 8. What is the primary language spoken in the home? _____
- 9. What is your primary occupation? _____ Does not apply

Life at Home	Yes	No
10. Does anyone in your household smoke?	<input type="checkbox"/>	<input type="checkbox"/>
a) If yes, do they smoke around your dog(s)?	<input type="checkbox"/>	<input type="checkbox"/>
b) If yes, do you keep your cigarettes or ashtray where your dog(s) can get to it?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you or anyone in your family tripped over one of your dogs in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you or anyone in your family been bitten by one of your dogs in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you or anyone in your family needed to go to the doctor because of your dog (i.e., was bitten, scratched or tripped over the dog) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you give your dog treats?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GO TO THE NEXT PAGE → →

Life at Home (continued)	Yes	No
15. Do you have a bowl of water available for our dog indoors all the time?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have a bowl of food available for your dog indoors all the time (i.e., free feed)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your dog go outside of the house?	<input type="checkbox"/>	<input type="checkbox"/>
a) If your dog goes outside, do you have a dog door?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you leave it open at night?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you leave water outdoors for your dog(s) overnight?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you leave food outdoors for your dog(s) overnight?	<input type="checkbox"/>	<input type="checkbox"/>

18. How often do you clean your dog's food and/or water bowls with soap and water?

- Daily Weekly Monthly Yearly Never

Your Pet's Health	Yes	No
19. In the past 5 years, were any dog(s) in your household diagnosed with cancer?	<input type="checkbox"/>	<input type="checkbox"/>
20. In the past 5 years, were any dog(s) in your household diagnosed with Parvo infection?	<input type="checkbox"/>	<input type="checkbox"/>
21. In the past 5 years, were any dog(s) in your household diagnosed with Distemper infection?	<input type="checkbox"/>	<input type="checkbox"/>
22. In the past 5 years, were any dog(s) in your household diagnosed with a disease caused by tick bites?	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about the dog that lived in your home for the longest time

23. How old is this dog? _____

24. How big is this dog?

- X-Small Small Medium Large X-Large

25. Is this dog spayed or neutered? Yes No Unknown

26. For how many years have you had this dog? _____

27. How did you get this dog?

- Other country/imported Shelter/Rescue Group Pet store Breeder

- Friend/Relative Found/stray Internet Print ad

- Other: please specify: _____

Your Pet's Health (only dog that has lived in your home the longest)	Yes	No
28. Do you keep a folder of this dog's medical record in your home?	<input type="checkbox"/>	<input type="checkbox"/>
29. Has this dog ever been diagnosed with heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
30. Has this dog ever been diagnosed with diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
31. Has this dog ever been diagnosed with arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you follow a veterinarian's recommendations for vaccinating this dog?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you ever vaccinated this dog against rabies?	<input type="checkbox"/>	<input type="checkbox"/>
34. Has this dog ever had a follow up (booster) shot for rabies?	<input type="checkbox"/>	<input type="checkbox"/>
35. In general, do you get this dog vaccinated at least every 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

36. How often do you take your dog to the vet?

- Once a year More than once a year Only when sick Never

37. If you get this dog vaccinated, where do you go for your dog's vaccinations?

- Veterinarian Vaccine Clinic Pet Store Other: please specify: _____

38. If you get this dog vaccinated, what is your biggest reason for doing so?

- Recommended by Veterinarian/Animal Care Agency Legally Required
 Recommended by Friend/Family Worried about dog diseases
 Required by daycare/boarding/training Other: please specify: _____

39. How often do you use flea and tick medication?

- Weekly Monthly Yearly Summer months only
 When you see a flea Never

40. How often do you use heartworm medication?

- Monthly Yearly Summer months only Never

	Yes	No
41. Can you feel the ribs of your dog?	<input type="checkbox"/>	<input type="checkbox"/>
42. Can you see the ribs of your dog?	<input type="checkbox"/>	<input type="checkbox"/>
43. Do you think your dog is overweight?	<input type="checkbox"/>	<input type="checkbox"/>

What Do You Think?	Yes	No
44. Do you consider your dog(s) a member(s) of the family?	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you believe it is important to walk your dog(s)?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you believe it is important to spay/neuter your dog(s)?	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you believe your dog(s) should be licensed with animal control?	<input type="checkbox"/>	<input type="checkbox"/>
48. In general, do you think your dog(s) should be vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>

Going out and about...

49. How often do you walk this dog?

- Never Once a month Once a Week 2-3 times per week Once daily

	Yes	No
50. Do you clean up this dog's feces (poop)when you walk him/her?	<input type="checkbox"/>	<input type="checkbox"/>
51. Are people more likely to talk to you when you walk your dog than when you walk alone?	<input type="checkbox"/>	<input type="checkbox"/>
52. Is your dog mostly an indoor dog (over 75% of the time)?	<input type="checkbox"/>	<input type="checkbox"/>
53. Have you taken this dog to daycare in the last 2 months?	<input type="checkbox"/>	<input type="checkbox"/>
54. Have you ever taken this dog to an overnight boarding facility (e.g. pet hotel, kennel) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
55. Is your dog alone during the day? (i.e., not with other pets or people)	<input type="checkbox"/>	<input type="checkbox"/>
56. Do you play with this dog?	<input type="checkbox"/>	<input type="checkbox"/>

Is your dog ready for disaster?	Yes	No
57. If you had to evacuate your dog, do you know where you would take him/her?	<input type="checkbox"/>	<input type="checkbox"/>
58. Do you have an ID tag for this dog?	<input type="checkbox"/>	<input type="checkbox"/>
59. Do you have a microchip in this dog?	<input type="checkbox"/>	<input type="checkbox"/>
a) If so, have you registered the microchip under your name?	<input type="checkbox"/>	<input type="checkbox"/>
60. Is this dog licensed with animal control?	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time



RAPID ASSESSMENT OF KNOWLEDGE AND ATTITUDES TOWARDS CAT CARE

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We are doing a short survey on knowledge and attitudes towards cat care. This survey will take less than 10 minutes to complete. Your participation is voluntary and your refusal will not affect the quality of the care you receive at this facility. Your responses will be kept strictly confidential, and we will not ask for your name, address, or telephone number. Your responses will be reported only as aggregate (combined) information and will not identify you. We thank you in advance for your contribution to this important study.

First, a few questions about your household.

- 1. Do you have at least one cat? [] Yes [] No
2. How many cats are in your household? _____
3. Your age: _____
4. Your gender: [] Male [] Female
5. What is your city of residence? _____
6. How many people are in your household? _____
7. How many children under 10 years of age are in your household? _____
8. What is the primary language spoken in the home? _____
9. What is your primary occupation? _____ [] Does not apply

Table with 3 columns: Question, Yes, No. Rows include: 10. Does anyone in your household smoke? a) If yes, do they smoke around your cat(s)? b) If yes, do you keep your cigarettes or ashtray where your cat(s) can get to it? 11. Have you or anyone in your family tripped over one of your cats in the last 12 months? 12. Have you or anyone in your family been bitten by one of your cats in the last 12 months? 13. Have you or anyone in your family needed to go to the doctor because of your cat (i.e., was bitten, scratched or tripped over the cat) in the last 12 months? 14. Do you give your cat treats?

Life at Home (continued)	Yes	No
15. Do you have a bowl of water available for our cat indoors all the time?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have a bowl of food available for your cat indoors all the time (i.e., free feed)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your cat go outside of the house?	<input type="checkbox"/>	<input type="checkbox"/>
a) If your cat goes outside, do you have a cat door?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you leave it open at night?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you leave water outdoors for your cat(s) overnight?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you leave food outdoors for your cat(s) overnight?	<input type="checkbox"/>	<input type="checkbox"/>

18. How often do you clean your cat's food and/or water bowls with soap and water?

- Daily Weekly Monthly Yearly Never

19. How often do you clean the cat litter box(es)?

- Daily 2-3 times per week Weekly Monthly
 Less than once per month Never Not applicable

Your Pet's Health	Yes	No
20. In the past 5 years, were any cat(s) in your household diagnosed with cancer?	<input type="checkbox"/>	<input type="checkbox"/>
21. In the past 5 years, were any cat(s) in your household diagnosed with Feline Leukemia Virus (FeLV) infection?	<input type="checkbox"/>	<input type="checkbox"/>
22. In the past 5 years, were any cat(s) in your household diagnosed with Feline Immunodeficiency Virus (FIV) infection?	<input type="checkbox"/>	<input type="checkbox"/>
23. In the past 5 years, were any cat(s) in your household diagnosed with Panleukopenia (Feline Distemper) infection?	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about the cat that lived in your home for the longest time

24. How old is this cat? _____

25. Is this cat spayed or neutered? Yes No Unknown

26. For how many years have you had this cat? _____

27. How did you get this cat?

- Other country/imported Shelter/Rescue Group Pet store Breeder
 Friend/Relative Found/stray Internet Print ad
 Other: please specify: _____

Your Pet's Health (only cat that has lived in your home the longest)	Yes	No
28. Do you keep a folder of this cat's medical record in your home?	<input type="checkbox"/>	<input type="checkbox"/>
29. Has this cat ever been diagnosed with heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
30. Has this cat ever been diagnosed with diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
31. Has this cat ever been diagnosed with arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you follow a veterinarian's recommendations for vaccinating this cat?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you ever vaccinated this cat against rabies?	<input type="checkbox"/>	<input type="checkbox"/>
34. Has this cat ever had a follow up (booster) shot for rabies?	<input type="checkbox"/>	<input type="checkbox"/>
35. In general, do you get this cat vaccinated at least every 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

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37. If you get this cat vaccinated, where do you go for your cat's vaccinations?

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41. Can you feel the ribs of your cat?	<input type="checkbox"/>	<input type="checkbox"/>
42. Can you see the ribs of your cat?	<input type="checkbox"/>	<input type="checkbox"/>
43. Do you think your cat is overweight?	<input type="checkbox"/>	<input type="checkbox"/>

What Do You Think?	Yes	No
44. Do you consider your cat(s) a member(s) of the family?	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you believe it is important to spay/neuter your cat(s)?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you believe your cat(s) should be licensed with animal control?	<input type="checkbox"/>	<input type="checkbox"/>
47. In general, do you think your cat(s) should be vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>

Going out and about...	Yes	No
48. Is your cat mostly an indoor cat (over 75% of the time)?	<input type="checkbox"/>	<input type="checkbox"/>
49. Have you taken this cat to daycare in the last 2 months?	<input type="checkbox"/>	<input type="checkbox"/>
50. Have you ever taken this cat to an overnight boarding facility (e.g. pet hotel, kennel) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
51. Is your cat alone during the day? (i.e., not with other pets or people)		
52. Do you play with this cat?	<input type="checkbox"/>	<input type="checkbox"/>

Is your cat ready for disaster?	Yes	No
53. If you had to evacuate your cat, do you know where you would take him/her?	<input type="checkbox"/>	<input type="checkbox"/>
54. Do you have an ID tag for this cat?	<input type="checkbox"/>	<input type="checkbox"/>
55. Do you have a microchip in this cat?	<input type="checkbox"/>	<input type="checkbox"/>
a) If so, have you registered the microchip under your name?	<input type="checkbox"/>	<input type="checkbox"/>
56. Is this cat licensed with animal control?	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time