

SURVEY ON WORKING DOGS

(TRASLATION FROM ITALIAN FORM)

SECTION 1

- CANINE BREED _____
- CANINE SEX STATUS:
 - Neutered/Spayed
 - Intact/Breeding
- AGE
- DEWORMING FREQUENCY
 - only as a puppy
 - sporadically
 - once a month
 - once a year
- VACCINE SCHEDULE
 - only as a puppy
 - sporadically
 - once a year
- HEARTWORM PREVENTION
 - never
 - sporadically
 - once a month
 - once a year
- TREATMENT FOR HEARTWORM PREVENTION
 - tablets
 - vaccination
 - spot on
 - other
- LEISHMANIASIS PREVENTION
 - never
 - sporadically
 - once a month
 - once a year
- TREATMENT FOR LEISHMANIASIS PREVENTION
 - collar
 - vaccination
 - spot on
- CONTROL OF EXTERNAL PARASITES
 - never
 - sporadically
 - once a month
 - once a year
- TREATMENT FOR EXTERNAL PARASITES PREVENTION
 - collar

- tablets
 - spot on
 - other
- HAS YOUR DOG UNDERGONE AN EARLY X-RAY EXAMINATION?
 - Yes
 - No
- IF YES, SPECIFY AT WHAT AGE(MONTHS/YEARS)
- IF YES, SPECIFY WHICH ANATOMICAL REGIONS WERE EXAMINED
- HAS YOUR DOG UNDERGONE A CONFIRMATORY X-RAY EXAMINATION?
 - Yes
 - No
- IF YES, SPECIFY AT WHAT AGE (MONTHS/YEARS)
- IF YES, SPECIFY WHICH ANATOMICAL REGION/S WAS/WERE EXAMINED
- HAS YOUR DOG UNDERGONE AN ORTHOPEDIC CHECK?
 - Yes
 - No
- IF YES, SPECIFY AT WHAT AGE (MONTHS/YEARS)
- IF YES, SPECIFY WHY
- HAS YOUR DOG UNDERGONE A SPORTS MEDICAL EXAMINATION?
 - Yes
 - No
- IF YES, SPECIFY AT WHAT AGE (MONTHS/YEARS)
- IF YES, SPECIFY WHY
- HAD YOUR DOG UNDERGONE GENERAL BLOOD TESTS?
 - Yes
 - No
- never
 - only as a puppy
 - sporadically
 - once a year
- IF YES, SPECIFY WHY
- IF YES, SPECIFY WHICH TEST
- HAS YOUR DOG UNDERGONE A CARDIOLOGICAL EXAMINATION?
 - never
 - only as a puppy
 - sporadically
 - once a month
 - once a year
- IF YES, SPECIFY WHY
- DO YOU KNOW CANINE PHYSIOLOGICAL PARAMETERS? (RESPIRATORY RATE, HEART RATE, TEMPERATURE)
 - Yes
 - No
- IF YES, PLEASE REPORT THE PHYSIOLOGICAL VALUES

SECTION 2

- DESCRIBE YOUR DOG'S DIET
 - BARF
 - cooked meat
 - dry food
 - canned food
 - other
- HOW OFTEN DO YOU FEED YOUR DOG?
- DO YOU OFFER FOOD BEFORE TRAINING? (SPECIFY HOW LONG BEFORE WORK THE DOG REMAINS FASTING)
- DO YOU MAKE ANY DIETARY CHANGES THROUGHOUT THE YEAR?
 - Yes
 - No
- IF YES, SPECIFY WHY

SECTION 3

- ARE DIETARY SUPPLEMENTS PROVIDED?
 - Yes
 - No
- IF YES, SPECIFY WHICH ONES AND THE FREQUENCY OF ADMINISTRATION
- ARE CHONDROPROTECTORS PROVIDED?
 - Yes
 - No
- IF YES, SPECIFY WHICH ONES AND THE FREQUENCY OF ADMINISTRATION
- ARE ANY DRUGS GENERALLY PROVIDED?
 - Yes
 - No
- IF YES, SPECIFY WHICH ONES AND RATE OF ADMINISTRATION

SECTION 4

- WHERE DOES THE DOG USUALLY LIVE?
 - Owner's home
 - Owner's home and garden
 - Owner's home garden
 - Other place than the owner's home
- IF THE DOG LIVES IN THE GARDEN, SPECIFY WHETHER HE/SHE IS...
 - Free
 - In a dog fence
- WHAT IS THE TYPE OF SURFACE (GROUND, GRAVEL, GRASS...) ON WHICH YOUR DOG MAINLY LIVES?
- WHERE DOES THE DOG SLEEP ON?
 - Kennel
 - Dog bed
 - Ground
 - Other

SECTION 5

- HOW THE DOG IS TRANSPORTED (CAR, VAN, TRAILER, OTHER ...)?
- DURING TRANSPORT THE DOG IS ...
 - Unrestrained
 - In cage
 - Other
- IS THE ENVIRONMENT WHERE THE DOG IS LOCATED DURING TRANSPORT AIR-CONDITIONED?
- SPECIFY THE MINIMUM AND MAXIMUM TRANSPORTING TIME
- IS YOUR DOG TRANSPORTED IN OTHER VEHICLES FOR WORKING? (HELICOPTER, CABLE CAR, BOAT)
 - Yes
 - No
- IF YES, SPECIFY WHICH ONE

SECTION 6

- HOW DO YOU USUALLY RESTRAIN YOUR DOG?
 - Collar
 - Harness
 - Other
- SPECIFY THE TYPE OF COLLAR OR HARNESS
- DURING TRAINING THE DOG IS LED:
 - On a leash
 - Unrestrained
 - Other
- SPECIFY THE LEASH LENGTH
- WHEN WORKING, THE DOG WEARS OTHER TYPES OF HARNESS?
- IF YES, SPECIFY WHICH ONE (FOR EXAMPLE, AIR AMBULANCE)
- IF YOUR DOG WEARS SPECIFIC HARNESS (FOR EXAMPLE HELICOPTER HARNESS) DURING WORK THE HARNESS IS REMOVED OR NOT?
- WHEN THE DOG STARTS WORKING AFTER REMOVING THE HARNESS, DO YOU NOTICE THE DIFFERENCE IN MOVEMENTS/GAIT?

SECTION 7

- WHAT IS YOUR DOG'S WORK?
- IS YOUR DOG'S WORK ...?
 - A part-time work (hobby)
 - A full-time work
- AT WHAT AGE DID THE DOG START WORKING?
- HOW MANY DAYS A WEEK DOES THE DOG WORK?
- IS YOUR DOG ... ?
 - In training
 - In activity
 - Initial level
- WHAT IS THE SURFACE (GROUND, RUBBLE, WATER...) WHERE YOUR DOG MAINLY WORKS?

SECTION 8

- WHAT DO YOU MEAN FOR “TRAINING/CONDITIONING”?
- WHAT IS YOUR DOG’S TYPE OF TRAINING?
- HOW MANY DAYS A WEEK IS YOUR DOG TRAINED?
- IS THE TRAINING SPECIFIC FOR THE WORK PERFORMED BY THE DOG?

SECTION 9

- DO YOU APPLY ANY PREVENTION OF INJURIES FOR YOUR DOG IN WORKING/TRAINING CONDITIONS?
 - No prevention
 - Prevention
- DESCRIBE THE INJURY PREVENTION PROTOCOL (MASSAGE, ETC)
- BEFORE WORKING, DOES THE DOG WARM UP? IF YES, FOR HOW LONG AND WHAT KIND OF EXERCISES ARE PERFORMED (DESCRIBE)
- AFTER WORKING, DOES THE DOG COOL DOWN? IF YES, FOR HOW LONG AND WHAT KIND OF EXERCISES ARE PERFORMED (DESCRIBE)
- WHO HAS DRAFTED THE PREVENTION PROTOCOL?
 - The veterinarian
 - Physiatrist vet
 - Coach
 - By myself
 - Other
- DESCRIBE HOW YOU PREVENT INJURIES ON THE LIMBS (FRONT AND REAR)
- DESCRIBE HOW YOU PREVENT INJURIES ON THE SPINE
- HOW MUCH TIME DO YOU DEDICATE TO PREVENTION (SPECIFY MINUTES AND FREQUENCY)?
- DESCRIBE HOW YOU PREVENT INJURIES AFTER WORK
 - No prevention
 - Massage
 - Warm compresses
 - Other

SECTION 10

- IN YOUR OPINION, WHAT ARE THE PAIN SIGNALS THAT LET YOU UNDERSTAND THE PRESENCE OF AN INJURY?
- HAS YOUR DOG EVER BEEN INJURED?
 - Yes
 - No
- IF YES, DESCRIBE THE INJURY
- HOW MANY INJURIES (TRAUMA TO THE MUSCULOSKELETAL SYSTEM) HAS YOUR DOG SUFFERED?
- DID THE EFFECTS OF THE TRAUMA SHOW UP IMMEDIATELY DURING/AFTER WORK OR IN THE FOLLOWING DAYS?
- DID YOUR DOG'S INJURY PRODUCE SHORT-TERM OR LONG-TERM SIGNS?
- SPECIFY HOW LONG THE DOG HAS BEEN AT REST
- HAS THE TRAUMA ALWAYS AFFECTED THE SAME LIMB? IF SO, WHICH ONE ?
- HAS THE INJURY RECURRED?
- WHO DIAGNOSED THE INJURY?

- ☐ A veterinarian
 - ☐ Coach
 - ☐ Owner him/herself
 - ☐ Other
- WHO PROVIDED INJURY THERAPY?
 - ☐ A veterinarian
 - ☐ Coach
 - ☐ Owner him/herself
 - ☐ Other
- HAVE YOUR DOG EVER NEEDED REHABILITATION TREATMENT AFTER AN INJURY?
 - ☐ Yes
 - ☐ No
- IF YES, SPECIFY WHICH REHABILITATION TREATMENT
- HAVE YOUR DOG EVER NEEDED SURGERY AFTER AN INJURY?
 - ☐ Yes
 - ☐ No
- IF YES, SPECIFY WHICH SURGERY
- IF YOUR DOG HAS SUFFERED MULTIPLE INJURIES, SPECIFY WHERE, HOW AND IF INJURIES RESOLVED DEFINITELY

SECTION 11

- DID YOU ATTEND COURSES ON THE WELL-BEING OF YOUR DOG?
 - ☐ Yes
 - ☐ No
- IF YES, SPECIFY WHICH COURSE
- WOULD YOU AGREE TO MAKE CANINE SPORTS VISIT ANNUALLY MANDATORY?
 - ☐ Yes
 - ☐ No
- WHY?
- DO YOU HAVE ANY SUGGESTIONS OR WOULD YOU LIKE TO EXPRESS YOUR OPINION ON THE WELFARE OF WORKING DOGS?

SECTION 12

I AUTHORIZE THE USE OF THE AGGREGATED DATA IN AN ANONYMOUS FORM FOR EPIDEMIOLOGICAL STUDIES AND FOR ANY SCIENTIFIC DISCLOSURES AT SCIENTIFIC MEETINGS AND/OR JOURNALS

- ☐ Yes
- ☐ No

SECTION 13

PERSONAL COMMENTS OR SUGGESTIONS ON WORKING DOGS' WELFARE