## **Enrollment Questionnaire for Clinics and Shelters**

## Project Name: Canine Leptospirosis Surveillance in Puerto Rico, 2016 - 2017

This form will provide project coordinators with background information on your facility. Please provide the information as accurately and completely as possible.

GENERAL INFORMATION	
Name of Facility: Type of Facility: _ Clinic _ Shelter	
Street Address:	
City: Zip: Zip:	
Point of Contact Name: Job Title:	
Phone Number: Email Address:	
Does your facility have a computer that can be used to record patient test results?: $\Box$ Yes $\Box$ No	
If a computer is available, what software is available? Check all that apply.	
☐ Microsoft Word ☐ Microsoft Excel ☐ Microsoft Access ☐ Microsoft PowerPoint	
Does your facility have a fax machine? $\Box$ Yes $\Box$ No	
Does your facility have internet access? $\square$ Yes $\square$ No	
Do you vaccinate dogs for leptospirosis? $\square$ Yes, name of vaccine(s): $\square$ No	
For clinics, approximately how many dogs does your clinic see? per    □ week   □ month	
How many dogs <u>with febrile illness of unknown cause</u> does your facility see? per □ week □ month	
How many dogs <u>diagnosed as or suspected to have leptospirosis</u> does your facility see? per □ week □month	
QUESTIONS FOR SHELTERS ONLY	
Size and Activity Level:	
Shelter capacity (# of dogs it can house): Average # of new dogs each week:	
How often is the shelter full? $\square$ Most of the time $\square$ Sometimes $\square$ Rarely $\square$ Never	
Origin of dogs (provide percentage where appropriate)	
Are dogs:  Surrendered by owner:  Transferred from other facilities:  %	
☐ Picked up in the community:% ☐ Other, specify, %	
From which communities do most dogs originate? If possible, specify name of area and an approximate percentage.	
1)%	
2) %	
3)%	
Note that the country of the second and the second	
What is the most remote distance and community from which you receive animals?	
Is veterinary care provided by: $\square$ a full-time onsite vet $\square$ a part-time onsite vet, how often/week?	
□ a separate veterinary clinic	
If a separate veterinary clinic provides care:	
Clinic Name: Phone No:	
Street Address: City: Zip:	
In what capacity does the veterinarian work with your shelter? Check all that apply.	
☐ Euthanasia ☐ Consultation ☐ Spay/neuter ☐ Treatment of sick/injured ☐ Preventive (vaccination, deworming)	
Send this form back to the Puerto Rico Health Department by fax to 787-751-6937 or by email to <a href="mailto-krizia.santos@salud.pr.gov">krizia.santos@salud.pr.gov</a> .  Thank you!	

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