

## 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: \_\_\_\_\_ Municipality: \_\_\_\_\_ 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?:  Yes  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?  Yes  No  
Does your facility have internet access?  Yes  No  
Do you vaccinate dogs for leptospirosis?  Yes, name of vaccine(s): \_\_\_\_\_  No  
For clinics, approximately how many dogs does your clinic see? \_\_\_\_\_ per  week  month  
How many dogs with febrile illness of unknown cause does your facility see? \_\_\_\_\_ per  week  month  
How many dogs diagnosed as or suspected to have leptospirosis 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?  Most of the time  Sometimes  Rarely  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) \_\_\_\_\_ %  
What is the most remote distance and community from which you receive animals? \_\_\_\_\_  
**Veterinary Care:**  
Is veterinary care provided by:  a full-time onsite vet  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 [krizia.santos@salud.pr.gov](mailto:krizia.santos@salud.pr.gov).

Thank you!