Form Approved
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Enrollment Questionnaire for Clinics and Shelters

Project Name: Canine Leptospirosis Surveillance in Puerto Rico, 2016

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 A COPY OF THIS FORM BY FAX TO 404-471-8642 OR BY EMAIL TO STUDY COORDINATORS. THANK YOU!

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