**LEPTOSPIROSIS QUESTIONAIRE**

**For *each* of your Havanese, please take a moment to answer the following questions:**

**YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional). HCA Member? Y / N**

**DOGS NAME or CALL NAME: \_\_\_\_\_\_\_\_\_\_ AGE or DATE OF BIRTH (Y/M): \_\_\_\_\_\_ SEX: M / F**

1. I have had the Leptospirosis vaccine administered to my Havanese. **Yes / No**
   1. If you answered **NO**, please briefly explain why (and then go to question 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. If you answered **YES**
      1. Approximately what age was the shot given? \_\_\_\_\_\_\_\_
      2. Was this a two-shot regimen? **Yes / No**
      3. Or was this an annual booster shot?  **Yes / No**
      4. If you gave a two-shot regimen, what age was the Havanese? \_\_\_\_ **mo**.
      5. What was the separation in time between the shots? \_\_\_\_\_\_\_\_ **weeks**
         1. If there was a reaction,
            1. Was it from the 1st or 2ndof the series? **First / Second / Both**
            2. describe what happened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
            3. how long after the shot did the reaction occur? \_\_\_\_**days**
            4. was the shot given with another separate shot? **Yes / No**

if **YES,** what was that ?  **DHPP / Rabies / Other**

* + - 1. was the shot given as a combined (single) vaccination? **Yes / No**
    1. If you gave an annual booster shot at what age(s) ? \_\_\_\_ **mo.**
       1. If there was a reaction to the booster,
          1. describe what happened\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
          2. how long after the shot did the reaction occur? \_\_\_\_**days**
          3. was the booster shot given with another vaccine? **Yes / No**

1. How would you describe the environment your dog is exposed to? (Check all that apply)
   1. Rural – Residential \_\_\_\_\_
   2. Rural – Farming \_\_\_\_\_
   3. Suburban \_\_\_\_\_
   4. Urban \_\_\_\_\_
2. Was the decision to vaccinate or not driven by your veterinarian? **Yes / No / Somewhat**
   1. Can you briefly describe the process you went through.?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the decision to vaccinate or not driven by your breeder/contract? **Yes / No** 
   1. Can you explain briefly? **­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What state do you or did you live in when you chose to vaccinate or not? \_\_\_\_