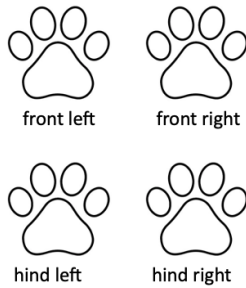


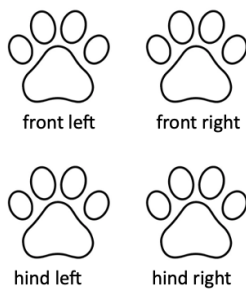
## Questionnaire Split Paw Pad Disease in Dogs

1. Your name: \_\_\_\_\_
2. In what country do you live? \_\_\_\_\_
3. In which city do you live? \_\_\_\_\_
4. Your specialization (if existing)? \_\_\_\_\_
5. Your e-mail-address \_\_\_\_\_
6. The patient's name: \_\_\_\_\_
7. The patient's identification number (microchip, tattoo in-house or similar – for clear identification):  
\_\_\_\_\_
8. The patient's breed: \_\_\_\_\_ (name of breed)  
 pure- breed       mixed-breed
9. The patient's sex:  
 male intact       female intact       male castrated       female spayed
10. The patient's birthday: \_\_\_\_\_ (dd/mm/yy)
11. The patient's weight (in  kilograms /  pounds): \_\_\_\_\_
12. The patient's body condition score:  
 emaciated       thin       ideal       overweight       obese
13. The patient's profession:  
 pet       hunting       race       other: \_\_\_\_\_
14. When did the problem start (date)? \_\_\_\_\_
15. How old was the dog, when the problem started? \_\_\_\_\_
16. What did the owners notice first?  
\_\_\_\_\_
17. Did the dog have any comorbidities at the time of presentation? If yes, which?  
 no       yes: \_\_\_\_\_
18. Did the dog receive any medication, when the problem started? If yes, which?  
 no       yes: \_\_\_\_\_
19. Was there any information about siblings/relatives with the same /similar symptoms?  
 no       yes: \_\_\_\_\_
20. Did the dog show any abnormalities in general clinical examination? If yes, which?  
 no       yes: \_\_\_\_\_
21. What lesions did you see clinically on the paw pads?  
\_\_\_\_\_  
\_\_\_\_\_

22. How many paws were affected? Choose or mark, if possible.  
 all paws affected     only front paws     only hind paws     only one paw



23. How many and which paw pads were affected? Mark , if possible.  
 only digits     metacarpal pad     metatarsal pad



24. Did you perform cytology? If yes, what did you see?  
 no     yes: \_\_\_\_\_

25. Did you perform histopathology? If yes, what was the diagnosis? Please attach the report, if possible.  
 no     yes: \_\_\_\_\_

26. Did you perform any additional tests? If yes, please describe and/or attach results  
 no     yes: \_\_\_\_\_

27. What therapy did you use, how long and did you see improvement?

	duration	improvement visible (please tick, if true)	no improvement (please tick, if true)
Systemic antibiotics			
Local antiseptics			
Systemic steroids			
Local steroids			
Other:			

28. Do you have any information about the progression of the disease (evolution / remission / relapse / duration etc.)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

29. Would you like to add any other information?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_