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| Public Health Agency of Canada**Pet Food & Treats Questionnaire**  **Case ID:**  **National ID:** |

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| **Questionnaire Background for Interviewer** | | | |
| This questionnaire can be used as a supplemental questionnaire for any outbreaks where pet food/treats are suspected in an investigation. The investigator can remove sections/modify accordingly to the investigation. | | | |
| **Section 1. Animal Exposure** | | | |
| *\*Please ask about exposure in the home or outside the home where animals are kept (e.g., pet stores, petting zoos, work, long-term care facilities, daycares), even if case didn’t have direct contact with the animal or their habitat. Exposures include any direct or indirect contact (e.g., changing water in an aquarium or bedding in a cage, preparing food for animals, cleaning up water spilled from an aquarium, or residing in a household where an Animal(s) is kept).*  **In the \_\_\_ days before onset of illness, that is from \_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_:** | | | |
| **Did you have exposure to this animal?** | | **Did you handle food or treats for this animal?** |  |
| Dog | Y  P  N  DK  Location: | Y  P  N  DK  Location: | If Y or P, to exposure in the home complete Section 3.  If Y or P, to exposure outside the home collect the contact information of the exposure setting to complete section 3. |
| Cat | Y  P  N  DK  Location: | Y  P  N  DK  Location : | If Y or P, to exposure in the home complete Section 3.  If Y or P, to exposure outside the home collect the contact information of the exposure setting to complete section 3. |
| Reptiles (e.g. snakes, turtles) | Y  P  N  DK  Location: | Y  P  N  DK  Location: | If Y or P, to exposure in the home complete Section 4.  If Y or P, to exposure outside the home collect the contact information of the exposure setting to complete section 4. |
| Amphibians (e.g. frogs) | Y  P  N  DK  Location: | Y  P  N  DK  Location: | If Y or P, to exposure in the home complete Section 5.  If Y or P, to exposure outside the home collect the contact information of the exposure setting to complete section 5. |
| Small mammals (e.g. rats, mice, hamsters, gerbils, guinea pigs) | Y  P  N  DK  Location: | Y  P  N  DK  Location: | If Y or P, to exposure in the home complete Section 6.  If Y or P, to exposure outside the home collect the contact information of the exposure setting to complete section 6. |
| Birds (e.g. parrots, budgies, cockatiel) | Y  P  N  DK  Location: | Y  P  N  DK  Location: | If Y or P, to exposure in the home complete Section 7.  If Y or P, to exposure outside the home collect the contact information of the exposure setting to complete section 7. |

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| **Section 2. Dog and Cat Food/Treats Product Details:**  INSTRUCTIONS FOR INTERVIEWER:  The information collected should be for the exposure period. If the case is unsure than ask for what is typically given to the pet. Add any context in additional notes.  Specify package details only if this is representative of what the case would have had exposure to prior to illness.  Please collect as much detail as possible about each product. If the case reports multiple food/pet treats for their pet, please complete another sheet for each product reported.  **(Select all that apply)** | | | | | | |
| **Type** | | **Brand** | **Package details** | **Purchase Information** | | **Samples** |
| 🞏 Dry pet food | | 🞏 Purina 🞏 Canidae  🞏 Royal Canin 🞏 Blue Buffalo  🞏 Pedigree 🞏 Acana  🞏 Simply Nourish 🞏 Boreal  🞏 Natural Balance 🞏 Nutro  🞏 Merrick 🞏 Nutrience  🞏 Authority  🞏 Iams  🞏 Kirkland Signature  🞏 Science Diet  🞏 Wellness  🞏 Go!  🞏 Now Fresh  🞏 Orijen  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code:  Can photos of packaging be provided?  🞏Y 🞏N | Store Type:  🞏 Grocery Store 🞏 Pet Store Chain  🞏 Independent Pet Store 🞏 Internet  🞏 Veterinary Clinic 🞏 Other:\_\_\_\_\_\_\_\_\_  Store Name:  Address (physical or Website in online purchase):  Date of purchase:  *(prompt for receipts)* | | Are there leftovers available for sampling?  🞏Y 🞏N  Are the available samples open or closed?  🞏 Open 🞏 Closed  Are the samples from the same package handled prior to illness?  🞏Y 🞏N |
| 🞏 Wet/canned pet food | | 🞏 Purina 🞏 Canidae  🞏 Royal Canin 🞏 Cesar  🞏 Pedigree 🞏 Boreal  🞏 Simply Nourish 🞏 Wellness  🞏 Natural Balance 🞏 Blue Buffalo  🞏 Merrick 🞏 Nutrience  🞏 Authority  🞏 Iams  🞏 Science Diet  🞏 Friskies  🞏 Fancy Feast  🞏 Nutro  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code:  Can photos of packaging be provided?  🞏Y 🞏N | Store Type:  🞏 Grocery Store 🞏 Pet Store Chain  🞏 Independent Pet Store 🞏 Internet  🞏 Veterinary Clinic 🞏 Other:\_\_\_\_\_\_\_\_\_  Store Name:  Address (physical or Website in online purchase):  Date of purchase:  *(prompt for receipts)* | | Are there leftovers available for sampling?  🞏Y 🞏N  Are the available samples open or closed?  🞏 Open 🞏 Closed  Are the samples from the same package handled prior to illness?  🞏Y 🞏N |
| 🞏 Raw/fresh/freeze-dried pet food | | 🞏 Nature’s Variety 🞏 Bold Raw  🞏 Hungry Hunter 🞏 Hurraw  🞏 Stella & Chewy’s 🞏 K-9 Choice  🞏 Wellness 🞏 Orijen  🞏 Open Farm 🞏 Pets Go Raw  🞏 Cali Raw Nutrition  🞏 Dr.Marty Pets  🞏 Nulo  🞏 Sojos Complete  🞏 Carnivora  🞏 Big Country Raw  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code:  Can photos of packaging be provided?  🞏Y 🞏N | Store Type:  🞏 Grocery Store 🞏 Pet Store Chain  🞏 Independent Pet Store 🞏 Internet  🞏 Veterinary Clinic 🞏 Other:\_\_\_\_\_\_\_\_\_  Store Name:  Address (physical or Website in online purchase):  Date of purchase:  *(prompt for receipts)* | | Are there leftovers available for sampling?  🞏Y 🞏N  Are the available samples open or closed?  🞏 Open 🞏 Closed  Are the samples from the same package handled prior to illness?  🞏Y 🞏N |
| 🞏 Processed animal treats (e.g. chews, biscuits)  Specify:\_\_\_\_\_\_\_\_\_\_ | | 🞏 Purina 🞏 Hill’s  🞏 Pedigree 🞏 Cesar  🞏 Simply Nourish 🞏 Zukes  🞏 Blue Buffalo 🞏 Whiskas  🞏 Merrick 🞏 Crumps  🞏 Authority 🞏 Dog Delights  🞏 Chewmasters  🞏 Temptations  🞏 Benny Bully’s  🞏 Purebites  🞏 Orijen  🞏 Greenies  🞏 Milk-Bone  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code:  Can photos of packaging be provided?  🞏Y 🞏N | Store Type:  🞏 Grocery Store 🞏 Pet Store Chain  🞏 Independent Pet Store 🞏 Internet  🞏 Veterinary Clinic 🞏 Other:\_\_\_\_\_\_\_\_\_  Store Name:  Address (physical or Website in online purchase):  Date of purchase:  *(prompt for receipts)* | | Are there leftovers available for sampling?  🞏Y 🞏N  Are the available samples open or closed?  🞏 Open 🞏 Closed  Are the samples from the same package handled prior to illness?  🞏Y 🞏N |
| 🞏 Treats derived from animal parts (e.g. pig ears, rawhide, cow hooves)  Specify:\_\_\_\_\_\_\_\_\_\_\_ | | 🞏 Bullysticks 🞏 ValuePack  🞏 Bones & Chews 🞏 Hartz  🞏 Redbarn  🞏 Nature Gnaws  🞏 Loyalty Dog Treats  🞏 Paws Up!  🞏 Wester Family  🞏 Yummies  🞏 Chewmasters  🞏 Canine Chews  🞏 Masters Best Friend  🞏 Other­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code:  Can photos of packaging be provided?  🞏Y 🞏N | Store Type:  🞏 Grocery Store 🞏 Pet Store Chain  🞏 Independent Pet Store 🞏 Internet  🞏 Veterinary Clinic 🞏 Other:\_\_\_\_\_\_\_\_\_  Store Name:  Address (physical or Website in online purchase):  Date of purchase:  *(prompt for receipts)* | | Are there leftovers available for sampling?  🞏Y 🞏N  Are the available samples open or closed?  🞏 Open 🞏 Closed  Are the samples from the same package handled prior to illness?  🞏Y 🞏N |
| 🞏 Other Food (e.g. table scraps, home-prepared food only for pet’s consumption) | | Additional Details: | | | | |
| Additional Notes: | | | | | | |
| Do you have any **loyalty card information** for the animal food purchased?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N  DK  \*Consent form for collecting loyalty card information is available from your provincial/territorial health authourity or PHAC | | | | | | |
| Store Name | | | | | Location/Address | |
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| **Section 3. Reptile Food Items:**  **Specify where the food is purchased/obtained (mark all that apply)** | | | | |
| **Insects** (e.g., crickets, mealworms, beetles, etc.)**:**  Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  If yes to crickets, are the crickets ‘gut-loaded’?  Y  N  DK  If crickets are ‘gut loaded (e.g. fed a special diet):  Purchased gut loaded  Owner gut loads  Please specify source:  Owner Breeds  Pet Store  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If Store or Other, please specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Feeder Rodents** (e.g., pinky mice, fuzzy mice) **or small mammals:**  Type:  Mice  Rats  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How was it purchased:  Live  Frozen  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please specify source:  Owner Breeds  Pet Store  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Store or Other  PetSmart: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_  PetValu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Chico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_  Other Pet Store (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  On the Internet (specify website): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_  Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Please describe **the packaging the feeder rodents/small mammals come in**, including any labels (e.g. clear plastic bag with label reading "Not for Human Consumption").  Do you have any **receipts** for the **feeder rodents or small mammals** you purchased that were fed to your pet prior to your illness?  Y  N  DK  🞏 **Other** **Food** (e.g. worms, vegetables, fruit) please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify source:  Grocery Store  Pet Store  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If Store or Other, please specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there leftover food items available for sampling?  🞏Y 🞏N | | | | |
| Do you have any **loyalty card information** for the animal food purchased?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N  DK  \*Consent form for collecting loyalty card information is available from your provincial/territorial health authourity or PHAC | | | | |
| Store Name | | | | Location/Address |
| A | |  | |  |
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| **Section 4. Amphibian Food Items:** | | | | |
| **Insects** (e.g. beetles, flies, grasshoppers): Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Specify source:  Owner Breeds  Pet Store  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If Store or Other, specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 **Other** **Food** (e.g. worms, vegetables, fruit) please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify source:  Grocery Store  Pet Store  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If Store or Other, specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there leftover food items available for sampling?  🞏Y 🞏N | | | | |
| Do you have any **loyalty card information** for the animal food purchased?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N  DK  \*Consent form for collecting loyalty card information is available from your provincial/territorial health authority or PHAC | | | | |
| Store Name | | | Location/Address | |
| A | |  |  | |
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| **Section 5. Small Mammals Food Items:** | | | | |
| **Commercial Diet** (e.g., pellets, seeds, wet canned food, etc.)**:** Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Puchase Location:  Pet Store  Grocery Store  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Store or Other, please specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand:  Package Details:  Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code: | | | | |
| 🞏 **Other** **Food** (e.g. leafy greens, grass, hay) specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify source:  Grocery Store  Pet Store  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If Store or Other, specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there leftover food items available for sampling?  🞏Y 🞏N | | | | |
| Do you have any **loyalty card information** for the animal food purchased?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N  DK  \*Consent form for collecting loyalty card information is available from your provincial/territorial health authourity or PHAC | | | | |
| Store Name | | | Location/Address | |
| A |  | |  | |
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| **Section 6. Birds Food Items :** | | | | |
| **Commercial Diet** (e.g., pellets, seeds, etc.):Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Purchase location:  Pet Store  Grocery Store  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Store or Other, specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand:  Package Details:  Expiration date or Lot Code #:  Flavour:  Package Size:  UPC code:  🞏 **Other** **Food** specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify source:  Grocery Store  Pet Store  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If Store or Other, please specify **name/address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there leftover food items available for sampling?  🞏Y 🞏N | | | | |
| Do you have any **loyalty card information** for the animal food purchased?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N  DK  \*Consent form for collecting loyalty card information is available from your provincial/territorial health authourity or PHAC | | | | |
| Store Name | | | Location/Address | |
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| INSTRUCTIONS FOR INTERVIEWER: If case reports “N” to handling pet food/treats then complete **Section 9**. If case reports “Y” to handling pet food/treats then complete **Sections 8 and 9** |
| **Section 7. Handling and Storage**  *Sometimes the person responsible for handling pet food/treats is not the person who became ill. Please answer questions below based on person who is most likely to have contact with pet food/treats.*  Methods described for:  case  proxy  reptile caretaker (specify relation to case): |
| Do you/case always wash your hands after handling pet food and treats?  Y  N  DK  What tools/utensils are used to prepare and serve pet food and treats? (e.g. scoops, bowls, feeding toys)  How are the tools/utensils cleaned?  rinsing with water only  washing with soap  sanitizing after washing  washing in dishwasher  other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where are the tools/utensils cleaned?  How do you/case clean up pet food spills?  Where are the pet food and treats stored?  If applicable: how is the frozen food thawed? |
| **Section 8. Pet Interactions and Practices**  *Sometimes the person responsible for pet hygiene practices is not the person who became ill. Please answer questions below based on person who is most likely to have had direct contact with the pet.*  Methods described for:  case  proxy  reptile caretaker (specify relation to case): |
| Do you/case always wash your hands after contact with pets, or their waste, or their environment?  Y  N  DK  Do you/case always wash your hands after feeding the pet(s)?  Y  N  DK  Do you/case have any of the following contact with the pets? (*check all that apply*)**:**  🞏 Pet or touch the pet(s)  🞏 Hold or cuddle with pet(s)  🞏 Licked by pet(s)  🞏 Kiss the pet(s)  🞏 Sleep with pet(s)  🞏 Touch cages/enclosures  🞏 Care for pet(s) (feed/water)  🞏 Feed pet(s) food from palm  🞏 Clean cages/enclosures  🞏 Eat the pet’s food/treats  🞏 In area where pet(s) are housed or roam, specify: \_\_\_\_\_\_\_\_\_\_  🞏 Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was your pet ill while you/case had contact with the pet?  Y  N  DK |
| **Section 9. Additional Notes** |
| Include any additional context around pet/pet food/pet treat exposures that has not been captured already. |