

Veterinary Vaccine Survey

(please refer to guidance notes)

Your details	
1. Your Name (please state if you do not want your name listed)	
2. Your email address or telephone number	
3. Your relationship with dogs	
4. How did you hear about this survey?	
Survey Details	
5. Name of Vet	
6. Regarding annual boosters against viral disease, do they? (<i>choose one</i>)	a) Recommend annual boosters b) Have available, do not recommend but will give if requested c) Do not offer annual boosters
7. Regarding the leptospirosis vaccine, do they? (<i>choose one</i>)	a) Recommend a yearly booster b) Only recommend if Lepto is confirmed in the dog's area c) Do not recommend
8. How many cases of Lepto has this vet seen in the last six months?	
9. Regarding 3 or 4 year vaccines against viral disease, do they? (<i>choose one</i>)	a) Recommend instead of annual boosters b) Have available but do not recommend instead of annual boosters c) Do not have available
10. Do they take part in the periodical 'vaccine amnesty'? (<i>choose one</i>)	a) Yes b) No c) Not known
11. Regarding homeopathic alternatives, do they? (<i>choose one</i>)	a) Do not recommend b) Recommend in place of vaccines altogether c) Recommend in conjunction with a vaccine regime
12. If in conjunction with a vaccine regime please specify vaccine frequency recommended	
Continued overleaf	

13. Regarding titer tests, do they? <i>(choose one)</i>	<ul style="list-style-type: none"> a) Recommend to determine vaccine requirements b) Only use if asked for by the client c) Do not recommend d) Do not have available
14. Regarding dietary advice, do they? <i>(choose all that apply)</i>	<ul style="list-style-type: none"> a) Recommend a raw food diet b) Not recommend a raw food diet c) Accept a raw food diet is fine if that suits the dog d) Only recommend a commercial dog food
15. Is this for the vet named above or relevant for the whole veterinary practice listed below? <i>(choose one)</i>	<ul style="list-style-type: none"> a) The vet named above only b) The whole veterinary practice at the address given below (section 18) c) Not known
16. Veterinary practice email	
17. Any other info	
18. Veterinary practice name and address/postcode	
19. Veterinary practice telephone number	
<p style="text-align: center;">Please enter the details of this completed questionnaire at: http://www.petwelfarealliance.org/veterinary-vaccine-survey-uk.html</p> <p style="text-align: center;">or send the completed form to:</p> <p style="text-align: center;">Pet Welfare Alliance Gardeners Cottage Kirklands Ancrum TD8 6UJ</p>	