

Appendix B

Synovetin OA[®] Pre-Screening Questionnaire

You and your veterinarian are assessing the suitability of treating your dog with Synovetin OA[®] in one or more arthritic joints. Synovetin OA[®], a radio-therapeutic treatment, emits ionizing radiation within the joint to relieve pain and inflammation over an extended time period. Your dog's coat and surroundings will not be affected, and the activity will naturally decrease over time. To maintain overall exposure below federally established limits, there will be certain procedures to follow in the period after treatment.

I. Initial Information

Owner Name: _____ Date: _____

Pet Name: _____ Date: _____

Person Interviewed: Owner _____ Other _____

II. Household Member Information

Household members: Sex: _____

Age: _____

III. General Contact Information

Describe each household member's interaction(s) with your dog (direct, close and intermediate activities – as defined below the following table):

Person 1	
Activity and type of contact involved (direct, close or intermediate):	Duration:

Direct activities are <1ft (e.g., carrying the dog where the elbow is in contact or lap sitting where the elbow is directly on the torso). **Close** activities are at 1ft (e.g., feeding, grooming, sleeping, and routine lap-sitting) **Intermediate** activities are at 3ft (e.g., walking, jogging, and officing).

Person 2	
Activity and type of contact involved (direct, close or intermediate):	Duration:

Add additional pages for other household members, if necessary.

Can interactions with children and pregnant women be modified to minimize close contact with the dog?

Yes: ___ No: ___ * N/A: ___

If the answer to the above question is yes, describe proposed modifications:

Does your dog currently sleep in the same bed with any household members?

Yes: ___ No: ___

If yes, can arrangements be made to avoid this for the duration indicated on the Release Instructions?

Yes: ___ No: ___ * N/A: ___

If the answer to the above question is yes, describe proposed modifications:

Is your pet mobile enough to climb stairs and/or enter and exit a vehicle independently?

Yes: ___ No: ___ N/A: ___

If the answer to the above question is no, provide the owner with additional strategies.

Does your dog jump up to beds or furniture with family members, or lap sit?

Yes: ___ No: ___

If yes, can arrangements be made to avoid this for the duration indicated on the Release Instructions (i.e., not lap sit)?

Yes: ___ No: ___ * N/A: ___

If the answer to the above question is yes, describe proposed modifications:

Does your dog currently sit in very close proximity (i.e., next to your chair or at your feet) to you for more than 3 hours per day?

Yes: ___ No: ___

If yes, can arrangements be made to avoid this for the indicated time frames on the Release Instructions?

Yes: ___ No: ___ * N/A: ___

If the answer to the above question is yes, describe proposed modifications:

Has the owner been provided with an example Release Instructions sheet? Yes:___No:___*

Does the owner fully understand the procedure they have arranged for their pet?

Yes:___No:___*

Are you and your household members able and willing to modify your routine interaction with your pet for the time frames indicated on the Release Instructions? Yes:___No:___*

If the answer to the above question is yes, describe proposed modifications:

*Any "No" checkmark may be contraindicated for the procedure. Contraindication is based on owner responses, proposed dose to pet, or other clinical factors.

Additional Items Discussed with Animal Owner(s)

Comments

___ Release Instructions / ALARA considerations:

___ Importance of modifying time and distance from pet:

___ Sleeping arrangements:

___ Added precaution for children and pregnant women:

___ What to do if their pet dies or needs medical attention:

___ Transport/carrying techniques to minimize contact:

___ Other: (such as 1 animal treated per house per year, boarding, traveling, commercial grooming, or tactile treatment)

By signing below, I acknowledge I fully understand the radiation safety aspects associated with Synovetin OA.

Name of Owner or interviewee: _____

Signature: _____

Date: _____

Name of individual who conducted interview: _____

Signature: _____

Date: _____

Categories of Dog/Owner Distance Behaviors

Measured Exposure Rate at Release (mR/h @ 1m)	0.45	0.4	0.3	0.2	0.1	0.05
Common Contact	Release Instructions Duration (weeks)					
Up to 5 min/day direct contact (e.g., joint to torso) 15 min/day @ 1 ft 4 h/day @ 3 ft e.g., feeding, grooming, petting, dog walking	2	2	2	2	2	2

If Not Common Contact Distance Behaviors, Select One Below

Measured Exposure Rate at Release (mR/h @ 1m)	0.45	0.4	0.3	0.2	0.1	0.05
Extended Duration Intermediate Contact	Release Instructions Duration (weeks)					
Up to 5 min/day direct contact (e.g., joint to torso) 15 min/day @ 1 ft 12 h/day @ 3 ft e.g., dog rests at the feet of the owner etc.	2	2	2	2	2	2
Extended Duration Close Contact						
Up to 5 min/day direct contact (e.g., joint to torso) 3 h/day @ 1 ft e.g., holding dog in lap or on the couch, extended grooming, etc. 4 h/day @ 3 ft	3	3	2	2	2	2
Prolonged Close and Intermediate Contact						
Up to 5 min/day direct contact (e.g., joint to torso) 11 h/day @ 1ft e.g., dog sleeps in the owner's bed etc. 9 h/day @ 3 ft e.g., dog rests at the feet of the owner etc.	6	5	4	3	2	2

Use the above table to fill in the duration (number of weeks) in the following Release Instructions. Assess the duration for each household member that has substantial interaction with the dog. Use the greatest duration value (weeks) in the Release Instructions. For example, if the table indicates a duration of 2 weeks for Person #1 and 3 weeks for Person #2, insert 3 weeks in the Release Instructions. Determination of which dog/owner behavior is decided upon owner answers to the Pre-Screening Questionnaire.