



Synovetin OA® Screening Questionnaire

We 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.

Owner Name:					Pet Name:		
Person Interviewed:					Date:		
Household members	Gender:						
	Age:						
Describe each household member’s interaction(s) with your dog as direct, close and intermediate activities. 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). Add additional pages for other household members, if necessary.							
Household Member 1: Activity and type of contact involved (direct, close or intermediate):							Duration
Household Member 2: Activity and type of contact involved (direct, close or intermediate):							

Answer the questions below. Any No* checkmark may be contraindicated for the procedure. Contraindication is based on caretaker responses, proposed dose to pet, or other clinical factors.			
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	N/A
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	N/A
If yes, can arrangements be made to avoid this for the duration indicated on the Release Instructions (i.e., not lap sit)? Describe proposed modifications:	Yes	No*	N/A
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	N/A
If yes, can arrangements be made to avoid this for the indicated time frames on the Release Instructions? Describe proposed modifications:	Yes	No*	N/A
Has the owner been provided with an example Release Instructions sheet?	Yes	No*	N/A
Does the owner fully understand the procedure they have arranged for their pet?	Yes	No*	N/A
Are the household members able and willing to modify your routine interaction with your pet for the time frames indicated on the Release Instructions?	Yes	No*	N/A
If the answer to the above question is yes, describe proposed modifications:			

Additional Items Discussed with Animal Owner(s)	Comment
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 (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 Interviewer	Signature	Date