

關於寵物店出售患病動物資料記錄

Record of Sickness in Animals Purchased from Pet Shops



愛護動物協會與漁農自然護理署配合進行一項調查,關於寵物店出售患病動物的資料.

我們非常感謝閣下能抽空協助我們填寫這問卷,所有資料會轉交漁農自然護理署作進一步行動. 你有權選擇不答某些問題.

The SPCA is conducting a survey on the number of animals that get sick shortly after being purchased from a pet shop.

We would be very grateful if you could help us by filling in this form. This information will be given to the AFCD for their action. You have the option of leaving any questions or details unanswered.

日期 Date		主人姓名 Name of owner	
寵物種類 Species	狗 / 貓 Dog / Cat	寵物品種 Breed	
寵物年齡(星期) Age (weeks)		晶片號碼 Microchip number	
購買日期 Date of purchase		發病日期 Date illness first seen	
寵物店名稱/地址 Pet shop name and address			
1. 購買動物時, 你有否收取收據? Did you receive a receipt at the time of purchase?		有 Yes / 沒有 No <input type="checkbox"/> 附上正本或副本/ Copy attached	
2. 購買動物時, 你有否收到植入晶片證明書? Did you receive a microchip certificate at the time of purchase?		有 Yes / 沒有 No <input type="checkbox"/> 附上正本或副本/ Copy attached	
3. 購買動物時, 你有否收到防疫注射咭? Did you receive a vaccination certificate at the time of purchase?		有 Yes / 沒有 No <input type="checkbox"/> 附上正本或副本 / Copy attached	
本人(簽署人)同意香港愛護動物協會可以聯絡寵物主人以獲取更多相關資料. 本人明白問卷上的所有資料將會絕對保密,而且只提供予香港愛護協會和漁農自然護理署作研究用途.			
I, the undersigned, agree to be contacted for further requests for information. I understand all the personal information provided will be kept confidential and solely be used for research by AFCD and SPCA.			
主人簽署 Signature		電話 Tel	電郵 Email

由獸醫填寫 To be completed by Veterinary Surgeon (tick and complete as appropriate)

Clinic name		Client no.	
<input type="checkbox"/> SPCA <input type="checkbox"/> Other			
Date of 1st visit	Clinical signs		
	<input type="checkbox"/> Cx <input type="checkbox"/> Sn	<input type="checkbox"/> V <input type="checkbox"/> D	<input type="checkbox"/> Inappetance <input type="checkbox"/> Dehydration
	<input type="checkbox"/> Skin disease <input type="checkbox"/> Collapse	<input type="checkbox"/> Other	
Presumptive diagnosis(es)			
Canine	<input type="checkbox"/> Parvo	<input type="checkbox"/> Distemper	<input type="checkbox"/> RTI
Feline	<input type="checkbox"/> FIE	<input type="checkbox"/> Cat flu	<input type="checkbox"/> FIP <input type="checkbox"/> FIV
Skin	<input type="checkbox"/> Ringworm	<input type="checkbox"/> Demodex	<input type="checkbox"/> Sarcoptic mange
Treatment			
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Hospitalisation	<input type="checkbox"/> Other	
<input type="checkbox"/> Special diet	<input type="checkbox"/> Fluids		
Date of outcome	Outcome		
	<input type="checkbox"/> Euthanasia <input type="checkbox"/> Died	<input type="checkbox"/> Returned to pet shop <input type="checkbox"/> Continue present treatment	<input type="checkbox"/> Recovered <input type="checkbox"/> Unknown
<input type="checkbox"/> Other			
Please return this form with any attached documents by FAX: 25197985 (attn: Miss Ho Shu Ping) OR by e-mail: <a href="mailto:petshopsurvey@spca.org.hk">petshopsurvey@spca.org.hk</a>			

感謝您參與! 如果需要更多資訊: [http://www.spca.org.hk/welfare/chi/pet\\_shop\\_puppies.asp](http://www.spca.org.hk/welfare/chi/pet_shop_puppies.asp)

Thank you for your participation!

For more details, please visit [http://www.spca.org.hk/welfare/eng/pet\\_shop\\_puppies.asp](http://www.spca.org.hk/welfare/eng/pet_shop_puppies.asp)