



## Synovetin OA<sup>®</sup> Pre-Screening Questionnaire

You and your veterinarian are assessing the suitability of treating your dog with Synovetin OA<sup>®</sup> in one or more arthritic joints. Synovetin OA<sup>®</sup>, 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:

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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:

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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:

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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:

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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:

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\*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
<b>Common Contact</b>	<b>Release Instructions Duration (weeks)</b>					
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
<b>Extended Duration Intermediate Contact</b>	<b>Release Instructions Duration (weeks)</b>					
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
<b>Extended Duration Close Contact</b>	3	3	2	2	2	2
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						
<b>Prolonged Close and Intermediate Contact</b>	6	5	4	3	2	2
Up to 5 min/day direct contact (e.g., joint to torso) 11 h/day @ 1 ft 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.						

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.