DEHYDRATION STUDY

Your participation is entirely voluntary and extremely important to us.  All information is kept CONFIDENTIAL - your personal information will NOT be shared with any other organization.

Thank you for your participation!

**The Dehydration Study will assist us with identifying triggers for dehydration, populations most affected and most effective treatments.**

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| **Please complete once for each episode of dehydration** | |
| **your name** |  |
| **email address** |  |
| **Your screen name** |  |
| **Today's date  http://www.sugargroup.org/vp/images/nns/site_builder/forms/icons/calendar.gif** |  |
| **Sugar Glider's name** |  |
| **Age and/or OOP date (for rescues put an approximate age)** |  |
| **Sugar glider's color** |  |
| **Date of incident/diagnosis  http://www.sugargroup.org/vp/images/nns/site_builder/forms/icons/calendar.gif** |  |
| **This sugar glider is a:**FemaleIntact maleNeutered maleFemale joey (under 5 months of age)Male joey (under 5 months of age) |  |
| **From whom/where did you acquire this sugar glider?** |  |
| **Please describe the signs/symptoms that lead you to believe there was a problem** |  |
| **Did you perform the tent test on the glider?**YesNo |  |
| **When was the dehydration first noticed?**Just before going to bed in the morningJust after awakening in the eveningDuring regular wake hoursDuring out-of-cage play timeDuring vet visitDuring day-time checksOther |  |
| **Was the glider seen by a vet?**YesNo |  |
| **How long was the period between the time the dehydration was suspected and the time the glider was seen by a vet?** |  |
| **what did you give the glilder at home to help with the dehydration? (check all that apply)**WaterPedialyteGatoradeDextrose solutionSub-q fluidsOther |  |
| **If other, what did you give?** |  |
| **Was fresh water available in the glider's cage?**YesNo |  |
| **Was a dry/pellet food available in the cage?**YesNo |  |
| **How many cage mates does this glider have?** |  |
| **Was/were cage mate(s) also dehydrated?**YesNo |  |
| **If YES, please complete survey for each glider that was affected** | |
| **What testing was completed to determine the cause of the problem? (check all that apply)**UrinalysisFecal floatFecal smearSNAP testx-rayBlood workUltrasoundNecropsyHistopathologyOther |  |
| **If OTHER, what testing was completed?** |  |
| **What was the diagnosis given by the vet?** |  |
| **Please list the medications prescribed, dosage, frequency and results of treatment** |  |
| **If any additional treatment (i.e. sub-q fluids, cage rest, diet change) was prescribed or recommended by vet, please describe it here** |  |
| **Name of the vet that treated the glider** |  |
| **How long was it before you noticed changes/improvement?** |  |
| **Did the glider pass away?**YesNo |  |
| **If YES, was a necropsy completed?**YesNo |  |
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