PARASITE STUDY

Top of Form



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| **The Parasite Study will assist us with identifying trends in diagnosis and treatment and with improving our education and hygiene programs** | |
| **Please complete one survey for each glider dianosed with a parasite** | |
| **Your name** |  |
| **Today's date  http://www.sugargroup.org/vp/images/nns/site_builder/forms/icons/calendar.gif** |  |
| **Your email address** |  |
| **Your screen name** |  |
| **Sugar glider's name** |  |
| **Age and/or OOP date (for rescues please give an approximate age)** |  |
| **Sugar glider's color** |  |
| **This sugar glider is a**FemaleIntact maleNeutered malefemale joey (younger than 5 months OOP)male joey (younger than 5 months OOP) |  |
| **From whom did you acquire this sugar glider?** |  |
| **How long had the glider lived in your home when she/he was diagnosed?** |  |
| **Had the glider been outside your home in the 30 days prior to diagnosis?**YesNo |  |
| **Were any symptoms noted that alerted you that there might be a parasite?**YesNo |  |
| **If YES, please describe the symptoms noted** |  |
| **How many cage mates does this glider have?** |  |
| **Did any of the cage mates demonstrate any symptoms?**YesNo |  |
| **Which parasite(s) was/were diagnosed?**GiardiaCoccidiaStrongyloidRoundwormTritrichamonasOther |  |
| **If OTHER, please identify:** |  |
| **How was parasite diagnosed?**Fecal floatFecal smearSNAP testCentrifugal testDNA testingOther |  |
| **Please describe the treatment prescribed by your vet (medication, dosage, frequency, duration and any follow up instructions)** |  |
| **How did you sterliize your cage and cage items? (check all that apply)**SteamBleachBoilingCommercially available kennel cleanerOther |  |
| **If OTHER, please describe:** |  |
| **How often did you clean with this treatment?** |  |
| **Did your vet give instructions for cleaning and sterilizing?**YesNo |  |
| **When did you return for follow-up testing? (i.e. 3 weeks, 6 weeks)** |  |
| **Was follow-up testing negative?**YesNo |  |
| **Please provide any other information you feel would be helpful to our research** |  |
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Bottom of Form