

## OWNER CHECKLIST

Updated: August 2022

Thank you for participating in the **Pergolide response in PPID horses** survey! Please gather the following information (if applicable) regarding each horse prior to starting the survey. Multiple surveys can be taken if you own multiple PPID horses that fit the criteria for enrollment.

### OWNER AND VETERINARIAN INFORMATION:

- First/Last name
- Valid e-mail address
- Valid phone number
- Street address
- Permission to contact veterinarian

### HORSE INFORMATION:

- Barn name
- Breed
- Registration information (if applicable)
- Year of birth
- Gender
- Length of ownership
- Activities horse is used for
- Weight and method used (scale, weight tape, estimated)

### REGISTRATION INFORMATION (IF APPLICABLE):

- Registered name
- Breed association name
- Registration number

### PPID STATUS:

- Date of first diagnosis with PPID by veterinarian
  - Associated ACTH, TRH stim, or dexamethasone suppression test results
  - Insulin testing (if available)
- Symptoms associated with PPID status in horse
  - Subjective improvement while on pergolide therapy

### PERGOLIDE THERAPY:

- Date pergolide treatment was started
- Dose and frequency of pergolide treatment
  - Including dose changes
- Manufacturer of pergolide
- Adverse effects experienced while on pergolide
- Repeat ACTH, TRH stim, or dexamethasone suppression test results

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- \*To be eligible for the study the horse must have had recheck bloodwork performed 6 or more months following pergolide therapy*
- Please include all available values from multiple visits if available

### AFTER SURVEY:

- Email to [ee-gl-ppidstudy@umn.edu](mailto:ee-gl-ppidstudy@umn.edu)**
  - Bloodwork Values (All ACTH or cortisol values available, insulin testing)
  - Medical records relevant to PPID diagnosis, clinical signs (if available)
  - Photos of your horses PPID symptoms (if available)
    - For example: long shaggy haircoat/failure to shed, weight loss, muscle atrophy
- MAIL TO THE UNIVERSITY OF MINNESOTA:**
  - Participants within the United States of America:
    - Blood or hair roots sample (40-50 hair roots)
      - Sample submission sheet filled out and included in shipment