

**SOURCE OF ACQUISITION AS A RISK FACTOR
FOR PUPPY ILLNESSES**

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The health of young pups, particularly those acquired from pet shops, has received increasing attention in recent years. Several states have considered enacting legislation to address perceived "higher than expected" rates and severity of illness among pups purchased from pet shops. Members of the pet industry, however, have disputed the need for further control, arguing, in part, that there are almost no data regarding rates and severity of illness in pups purchased from any source, including from pet shops.

Our objectives in this study were to collect and compare data regarding illnesses occurring in pups within 2 weeks of acquisition from a spectrum of sources including pet shops, private owners, breeders, humane facilities, and municipal dog pounds.

MATERIALS AND METHODS

Since it was impractical to sample a large number of pups as they were adopted from each source mentioned above, pups presenting to veterinary offices regardless of source were recruited.

In order to maximize the number of pups from pet shops entering the sample, lists of pet shops selling 10 or more pups weekly, belonging to the Pet Industry Joint Advisory Council, in the Northeast were obtained. Their geographic location was plotted on a map and veterinary hospitals belonging to the American Animal Hospital Association were identified lying within roughly a 10 mile radius of each shop. Sixty-six veterinary clinics met these participated.

Each hospital received a letter outlining the intent of the study, assuring confidentiality and inviting participation. Interested clinics were visited personally by two study representatives to deliver forms, explain the protocol, and most importantly, establish rapport with the veterinarians and staff.

The veterinarians were asked to enroll all pups entering their hospitals under 19 weeks of age. Each puppy owner was asked to complete a two page questionnaire soliciting demographic information regarding each pup (e.g., age, breed, source of acquisition, cost), any signs of illness it may have experienced

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since acquisition, and a brief description of its diet. If the puppy had not been owned 2 weeks at the time of enrollment, the owners were telephoned to obtain complete information about all illnesses within the first two weeks of acquisition.

The check list of signs included respiratory signs (ocular and nasal discharge, persistent cough), intestinal signs (diarrhea, vomiting), external parasites (fleas, ticks), intestinal worms, and an other category.

Similarly, the veterinarians were asked to complete a one-page physical examination form, recording any illnesses or signs of illnesses they observed in these dogs. If the pup was seen again within 2 weeks, a second exam form was completed.

Statistics:

Comparisons among the rates of signs and illnesses were made using the chi square test of independence. Mortality and return rates were compared assuming a Poisson distribution; an unconditional logistic regression analysis of the magnitude of the risks associated with each source, age at acquisition, breed and pup cost for respiratory signs was conducted.

RESULTS AND DISCUSSION

Since these results have not yet been published, they will be presented orally at the Symposium. It is important that epidemiologists become involved in questions regarding companion, as well as, food animals. As has been demonstrated in only a few previous studies, working with small animal clinicians in the field is possible and necessary to address problems occurring in companion animals.