

Supplementary Appendix S1—Data collection form used for screening of Alaskan Huskies with congenital laryngeal paralysis for inclusion in the study.

Owner's Name: _____ Phone Number: _____ Email: _____

Address: _____

Primary veterinarian (name, address, phone, fax, email): _____

Dog's name: _____ Sex (circle one): M F M/N F/N Birth date (month/day/year): _____

Breeder contact information: _____

Dog's pedigree (link to website, copies or hand-written information):

Facial markings: _____ Eye color: _____

Mucosal tags (circle one): Yes No

Abnormal tissue bands between lips and teeth (circle one): Yes No

At what age were the first clinical signs observed? _____

Answer each question below. Circle severity of clinical signs. Circle N/A if you cannot provide the information.

*Presence of 'wheezing' or other respiratory noise when **NOT** exercising:*

N/A	Never	Occasional	Intermittent	Frequent	All the time
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At what level of exercise does respiratory noise start?

N/A	At rest	Walking around	Gentle play	Rough play	Running
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Amount of respiratory noise when exercising:

N/A	None	Mild	Moderate	Marked	Severe/loud
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When exercising, my dog is:

N/A	Normal	Tires more easily	Requires me to limit activity to prevent breathing problems	Collapses	Cannot exercise
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Does your dog have a tendency to overheat? Yes No

If yes, please describe under what circumstances: _____

Describe your dog's breathing (circle one):

Normal Squeaking like a pig Croaking like a frog Rattling Snoring

Can your dog bark: Yes No

Sound of bark (circle one): Normal High squeak Hoarse/croak Other (*describe*): _____

Have clinical signs improved over time? Yes No

Please describe any change(s) in clinical signs (if applicable): _____

Have clinical signs disappeared altogether? Yes No If yes, at what age? _____

Did your dog have any kind of surgery on the throat or airway to treat "Wheezers" symptoms? Yes No

If yes, please provide surgical procedure and contact of the veterinarian performed the surgery: _____

Did symptoms improve after surgery: Yes No

Was there recurrence of symptoms and if yes, how long after surgery: Yes, at _____ years No

Dog's littermates: *Do you have knowledge about the whereabouts of this dog's littermates or parents?* Yes No

Do you know if these dogs show symptoms of "Wheezers"? Yes No

Please provide as much information as possible: _____
