

Supplementary Material 1: Distributed Survey Questions (*Adapted for offline display)

1) Participation in this study is voluntary and you will not be penalized if you elect not to participate. Anonymized and collated data from this project may be published. Do you provide informed consent for this survey?

- a. Yes
- b. No

2) I am a licensed veterinarian or veterinary nurse/technician

- a. Yes
- b. No

3) Which of the following clinical signs were noted at the time of presentation/sample collection?

	Yes	No	Unknown
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regurgitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea (e.g. lip licking, drooling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lethargy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain/discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Were any other clinical signs noted?

- a. Yes
- b. No

5) (If yes to Q4 was noted) Please briefly describe the additional clinical signs reported in the dog?

6) In the past 12 months has the dog displayed any other prior episodes of gastrointestinal upset (e.g., vomiting, diarrhea, nausea, etc.)?

- a. Yes
- b. No

7) Does the dog have any of the following comorbidities?

	Yes	No
Cushing's disease/ Hyperadenocorticism	<input type="radio"/>	<input type="radio"/>
Hypothyroidism	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>
Hyperlipidemia/Hypertriglyceridemia	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>
Tick-borne infections	<input type="radio"/>	<input type="radio"/>
Gastrointestinal foreign body within past 3 months	<input type="radio"/>	<input type="radio"/>

8) Has the dog been diagnosed with any other medical or surgical diseases during his or her lifetime?

a. Yes

b. No

9) (If yes to Q8 was noted) Please list the other medical or surgical diseases that the dog has been diagnosed with. Include an approximate timeline if possible.

10) **Prior to the onset of clinical signs**, was the dog receiving any of the following medications (past 3 months)?

	Yes	No
Antibiotics	<input type="radio"/>	<input type="radio"/>
Anti-seizure medications	<input type="radio"/>	<input type="radio"/>
Chemotherapy drugs	<input type="radio"/>	<input type="radio"/>
Corticosteroids (steroids)	<input type="radio"/>	<input type="radio"/>
Immunosuppressives (other than steroids)	<input type="radio"/>	<input type="radio"/>
Non-steroidal anti- inflammatory drugs (or related)	<input type="radio"/>	<input type="radio"/>
Supplements or nutraceuticals	<input type="radio"/>	<input type="radio"/>

11) (If antibiotics were selected in Q10). Which antibiotics has the dog received in the past 3 months? Please list dose (mg/kg), dose frequency, and route of administration if possible.

12) (If anti-seizure medications were selected in Q10). Which anti-seizure medication has the dog received in the past 3 months? Please list dose (mg/kg), dose frequency, and route of administration if possible.

- 13) (If chemotherapy was selected in Q10). Which chemotherapy drug has the dog received in the past 3 months? Please list dose (mg/kg), dose frequency, and route of administration if possible.

- 14) (If corticosteroid/steroid was selected in Q10). Which corticosteroid/steroid has the dog received in the past 3 months? Please list dose (mg/kg), dose frequency, and route of administration if possible.

- 15) (If non-corticosteroid immunosuppressive agent was selected in Q10). Which immunosuppressive agent (other than steroids) has the dog received in the past 3 months? Please list dose (mg/kg), dose frequency, and route of administration if possible.

- 16) (If NSAID or related drug was selected in Q10). Which non-steroidal anti-inflammatory or related drug has the dog received in the past 3 months? Please list dose (mg/kg), dose frequency, and route of administration if possible.

- 17) (If supplements or nutraceuticals was selected in Q10). Which supplements or nutraceutical drugs has the dog received in the past 3 months?

- 18) Which of the following food types was eaten by your patient **prior to the onset of clinical signs?**

	Yes	No
Adult maintenance diet	<input type="radio"/>	<input type="radio"/>
"Low fat" diet	<input type="radio"/>	<input type="radio"/>
Routine "gastrointestinal" diet (not low fat)	<input type="radio"/>	<input type="radio"/>
Hydrolyzed diet	<input type="radio"/>	<input type="radio"/>
Novel protein diet	<input type="radio"/>	<input type="radio"/>
Home made diet	<input type="radio"/>	<input type="radio"/>
Human foods	<input type="radio"/>	<input type="radio"/>
Dog treats	<input type="radio"/>	<input type="radio"/>
Other prescription diet	<input type="radio"/>	<input type="radio"/>

- 19) (If adult maintenance diet was selected in Q18). Please state the adult maintenance diet fed to this patient

20) (If “low fat” diet was selected in Q18). Please state the “low fat” diet fed to this patient

21) (If routine gastrointestinal (non-low fat) diet was selected in Q18). Please state the “gastrointestinal” (non-low fat) diet fed to this patient

22) (If hydrolyzed diet was selected in Q18). Please state the hydrolyzed diet fed to this patient

23) (If novel protein diet was selected in Q18). Please state the novel protein diet fed to this patient

24) (If homemade diet was selected in Q18). Was the homemade diet formulated by a veterinary nutritionist?

- a. Yes – via a nutrition referral or in-house boarded nutritionist
- b. Yes – via a pre-published recipe
- c. No
- d. Unknown

25) (If human foods was selected in Q18). Which of the following human foods are fed to the dog?

	Yes	No
Meat	<input type="radio"/>	<input type="radio"/>
Vegetables/grains	<input type="radio"/>	<input type="radio"/>
Fruit	<input type="radio"/>	<input type="radio"/>
Dairy products	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>
Snacks	<input type="radio"/>	<input type="radio"/>
Bread	<input type="radio"/>	<input type="radio"/>
Other food items	<input type="radio"/>	<input type="radio"/>

26) (If other foods was selected in Q18). Which other food items are fed to the dog?

28) What is the predominant diet fed to the dog?

[illegible]