

Supplementary File S1: Preliminary Questionnaire – English

Version

Dear Participant,
Please ensure that you select only one of the options for each of the questions.

| Question | Options |
|---|---|
| 1. Do you own one or more dogs currently? *Owning a dog means that you own one or more dogs where you live. | <input type="checkbox"/> Own one or more currently <input type="checkbox"/> Not currently, but have owned a dog previously <input type="checkbox"/> Never owned a dog <input type="checkbox"/> Unknown |
| 2. How many dogs do you own at the moment? | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Over 6 |
| 3. What type of residence do you live in? | <input type="checkbox"/> A private house <input type="checkbox"/> A condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____ |
| 4. What is your highest academic level? | <input type="checkbox"/> Primary school <input type="checkbox"/> Junior high school <input type="checkbox"/> High school <input type="checkbox"/> University <input type="checkbox"/> Graduate school |
| 5. How much is your yearly household income? *Combined income before tax of all members living in the same household | <input type="checkbox"/> Less than 3 million yen <input type="checkbox"/> Greater than 3 million yen, but less than 10 million yen <input type="checkbox"/> Greater than 10 million yen |

Supplementary File S2: Questionnaire – English Version

If you own more than five dogs, please answer for the five oldest.

Please select only one of the options for each question.

For the second to fourth and seventh to ninth questions, please tick the option that applies to each dog.

| Question | Options | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---|--------------------------|---|---|---|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How many dogs do you currently own? | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Over 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. How did you obtain your dog? | <table border="1"> <thead> <tr> <th></th><th>1 (1st oldest dog)</th><th>2</th><th>3</th><th>4</th><th>5 (5th oldest dog)</th></tr> </thead> <tbody> <tr> <td>Bought</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Was given</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Offspring of a dog that I already owned.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Took in as a stray</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Other</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Not applicable (e.g. because I don't have 2 or more dogs)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | Bought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was given | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Offspring of a dog that I already owned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Took in as a stray | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not applicable (e.g. because I don't have 2 or more dogs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was given | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Offspring of a dog that I already owned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Took in as a stray | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not applicable (e.g. because I don't have 2 or more dogs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Is your dog local or exotic? | <table border="1"> <thead> <tr> <th></th><th>1 (1st oldest dog)</th><th>2</th><th>3</th><th>4</th><th>5 (5th oldest dog)</th></tr> </thead> <tbody> <tr> <td>Local (with pedigree)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | Local (with pedigree) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local (with pedigree) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | Exotic (with pedigree) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Local (no pedigree) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Exotic (no pedigree) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hybrid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Where do you keep your dog? | <table border="1"> <tr> <td></td> <td>1 (1st oldest dog)</td> <td>2</td> <td>3</td> <td>4</td> <td>5 (5th oldest dog)</td> </tr> <tr> <td>Indoors</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors (On a leash)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outdoors (No leash)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>No applicable dog</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | | | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | Indoors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoors (On a leash) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoors (No leash) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indoors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outdoors (On a leash) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outdoors (No leash) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. How old was your dog when you first obtained it? | 1: _____ 2: _____ 3: _____ 4: _____ 5: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. How old is your dog now? | 1: _____ 2: _____ 3: _____ 4: _____ 5: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Please check all ages at which your dog was vaccinated against rabies. | <table border="1"> <tr> <td></td> <td>1 (1st)</td> <td>2</td> <td>3</td> <td>4</td> <td>5 (5th)</td> </tr> </table> | | | | | | | 1 (1 st) | 2 | 3 | 4 | 5 (5 th) | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 (1 st) | 2 | 3 | 4 | 5 (5 th) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | | oldest dog) | | | | oldest dog) | |
| | 1 year old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| | No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Did you register your dog? | <table border="1"> <tr> <td></td><td>1 (1st oldest dog)</td><td>2</td><td>3</td><td>4</td><td>5 (5th oldest dog)</td></tr> <tr> <td>Registered at the same time as a rabies vaccination</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Only rabies vaccination</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Only registration</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Not vaccinated or registered</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>No applicable dog</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | Registered at the same time as a rabies vaccination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Only rabies vaccination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Only registration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not vaccinated or registered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered at the same time as a rabies vaccination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only rabies vaccination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Only registration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not vaccinated or registered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Have you ever vaccinated your dog for a disease other than rabies? | <table border="1"> <tr> <td></td><td>1 (1st oldest dog)</td><td>2</td><td>3</td><td>4</td><td>5 (5th oldest dog)</td></tr> <tr> <td>Yes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>No applicable dog</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | 1 (1 st oldest dog) | 2 | 3 | 4 | 5 (5 th oldest dog) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No applicable dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. How many people are there in your household? (Please don't include your pets; only humans) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Where do you live? *Urban areas are considered to be the 23 wards of Tokyo and ordinance-designated cities (where "ward" is | <input type="checkbox"/> Urban <input type="checkbox"/> Rural | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| included in the address). | |
| 12. Have you received any education related to medicine or animal health (i.e., underwent education about pathogens, pathology, and/or treatment of diseases in humans or animals)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do you have a full-time position/occupation related to dogs (i.e., at a pet shop, as a breeder, or veterinarian)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you have a full-time position/occupation associated with medicine or animal health (i.e., doctor, pharmacist, nurse, or veterinarian)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you ever been vaccinated against COVID-19? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Would you still want to receive a COVID-19 vaccine if there was a charge for it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. How often do you get vaccinated against influenza? | <input type="checkbox"/> Every year <input type="checkbox"/> Every few years <input type="checkbox"/> Never |
| 18. Do you intend to get an influenza vaccination in the future? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. How do you think about the dogs that you own? | <input type="checkbox"/> As a member of the family <input type="checkbox"/> As a familiar animal-like family <input type="checkbox"/> As a familiar animal |
| 20. Do you interact with other dog owners in | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| your neighborhood (i.e., talking to other dog owners when walking your dog)? | |
| 21. How often do you interact with other dog owners in your neighborhood? (Only for those who answered Yes to Q20) | <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Once every six months to a year <input type="checkbox"/> Once every several years |
| 22. Have you ever joined a community of dog lovers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you have a family veterinary clinic where you consult about your dog's health? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. How often do you visit a veterinary clinic? | <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Once every six months to a year <input type="checkbox"/> Once every several years |
| 25. Has a veterinarian ever advised you about vaccinating your dog against rabies? | <input type="checkbox"/> Recommended vaccinating your dog against rabies <input type="checkbox"/> Recommended not vaccinating your dog against rabies <input type="checkbox"/> No experience |
| 26. Are you aware that dog rabies vaccination is compulsory every year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Are you aware that there is an annual mass rabies vaccination opportunity from April to June organized by the local municipality? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Do you feel that rabies vaccination is expensive? | <input type="checkbox"/> Expensive <input type="checkbox"/> Not expensive |