

**CLINICAL STUDY REPORT FORM**

**Rx Clinical Pet Bed**

**Sleep Hygienics Ltd.**

**Study Reference**

**Observation 2 (Post-use of Rx Clinical Pet Bed) After the First 90 Days**

**CLINICAL TRIAL SITE/UNIT:**

**Victoria BC, Canada**

**PRINCIPAL INVESTIGATOR:**

**Christian Sharp**

**Subject Initials:**

**Subject Randomisation Number:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for taking part in this clinical trial.

This study aims to explore the impact of health benefits of the Rx Clinical Pet Bed in cats and dogs observed by their owners.

If you are 18 years or older and currently caring for a cat or dog diagnosed with symptoms applied to the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dust Mite Allergy | <input type="checkbox"/> General Bacterial Infection | <input type="checkbox"/> Changes In Behavior |
| <input type="checkbox"/> Flea Allergy      | <input type="checkbox"/> Itching / Scratching        | <input type="checkbox"/> Swollen Paws / Face |
| <input type="checkbox"/> Mould Allergy     | <input type="checkbox"/> Red / Irritated Skin        | <input type="checkbox"/> Pyoderma            |
| <input type="checkbox"/> Other Allergy     | <input type="checkbox"/> Hot Spots                   | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Bed Bugs          | <input type="checkbox"/> Ear Infections              | <input type="checkbox"/> Post-op Recovery    |
| <input type="checkbox"/> Fungal Infection  | <input type="checkbox"/> Watery Eyes                 | <input type="checkbox"/> Limping / Lameness  |
| <input type="checkbox"/> Staphylococcus    | <input type="checkbox"/> Sneezing / Coughing         | <input type="checkbox"/> Fracture            |
| <input type="checkbox"/> Listeria          | <input type="checkbox"/> Runny Nose                  | <input type="checkbox"/> Lethargy            |
| <input type="checkbox"/> Salmonella        | <input type="checkbox"/> Vomiting / Diarrhea         | <input type="checkbox"/> Other               |

Then we invite you to participate in this essential research. We will also like to compensate you for your time and efforts.

#### Purpose of the Study:

This study aims to assess how the Rx Clinical Pet Bed's innovative design, featuring OrthoVet foam and comprehensive protective layers, acts as a barrier against potential allergens, bacteria and contributes to the overall well-being of dogs and cats. By exploring the dermatological health outcomes and allergen reduction associated with the Rx Clinical Pet Bed, Sleep Hygienics Ltd. aspires to provide pet owners and veterinary professionals with evidence-based information on the product's benefits.

Through rigorous analysis and data collection, we seek to further validate the claims of reduced allergen and bacteria exposure and improved skin health, ultimately contributing to the advancement of pet care practices. The findings from this study will not only strengthen the scientific foundation of Sleep Hygienics Ltd.'s Rx Clinical Pet Bed but also enhance our commitment to providing innovative solutions for the health and comfort of our cherished furry companions.

Sleep Hygienics Ltd.

Version Date 01-01-2024



**Procedures:**

Participation involves answering a series of questions about your experience as the owner of an Rx Clinical Pet Bed. The survey takes approximately 15 minutes, and you are encouraged to complete it in one sitting. Your responses will remain completely anonymous.

**Participation & Confidentiality:**

Your survey responses will be anonymous, with no requirement for directly identifying information. Participation is voluntary, and you may choose not to answer specific questions or withdraw from the study at any time before final submission.

Confidentiality during data transmission is not guaranteed over the Internet, but all collected data will be stored securely on a dedicated cloud server. The information will be analyzed as part of a research project, and is aimed to be presented at an international veterinary conference.

**Potential Risks and Benefits:**

While some questions may be uncomfortable, you have the option to skip any question or stop participating at any time. The study's findings will contribute to understanding owners' experiences and improving support.

**Ethics & Contact Information:**

For study-related inquiries, you may contact Christian Sharp [info@sleephygienicsltd.com](mailto:info@sleephygienicsltd.com)

Your participation is invaluable. By selecting the "I CONSENT" button, you contribute to advancing our understanding of canine and feline health.

Thank you for your participation.

Sincerely,

Christian Sharp  
Sleep Hygienics Ltd.

**Observation 2 (Post-use of Rx Clinical Pet Bed) After the First 90 Days**

**OWNER'S INFORMED CONSENT**

Please note: written informed consent must be given before any study specific procedures take place or any current therapy is discontinued for the purposes of participation in this study.

Has the owner freely given written informed consent?

Yes  No

Date: \_\_\_\_\_  
DD/MM/YYYY

**DEMOGRAPHIC DATA**

Age (yrs):   Sex: Female  Male

Height (cm):    
Weight (Kg):

Type: Dog  Cat

Breed:

**Observation 2 (Post-use of Rx Clinical Pet Bed) After the First 90 Days**

<b>CURRENT MEDICAL HISTORY</b>									
<b>Is there any relevant current medical conditions?</b>									
Code	System	*Yes	No		Code	System	*Yes	No	
1	Dust Mite Allergy				14	Watery Eyes			
2	Flea Allergy				15	Sneezing / Coughing			
3	Mould Allergy				16	Runny Nose			
4	Other Allergy				17	Vomiting / Diarrhea			
5	Bed Bugs				18	Changes In Behavior			
6	Fungal Infection				19	Swollen Paws / face			
7	Staphylococcus				20	Pyoderma			
8	Listeria				21	Arthritis			
9	General Bacterial Infection				22	Post-op Recovery			
10	Itching / Scratching				23	Limping / Lameness			
11	Red / Irritated Skin				24	Fracture			
12	Hot Spots				25	Lethargy			
13	Ear Infections				26	Other			

\*If **YES** for any of the above, enter the code for each condition in the boxes below, give further details (including dates) and state if the condition is currently or potentially active. Use a separate line for each condition.

				<b>Currently Active?</b>	
Code	Details (including dates)			Yes	No

**MEDICATIONS TAKEN**

Is the subject currently taking any medication including OTC, vitamins and/or supplements?      Yes       No

\*Record **all** medication on Medications page

Medications and Supplements and Reasoning (excluding food)	Currently Active?	
	Yes	No

**Estimated Monthly Cost After 90 Days of Use**

What is the estimated monthly cost of your medications and supplements before insurance.

Total:

**Observation 2 (Post-use of Rx Clinical Pet Bed)**

**Clinical Trial Survey Questions for Rx Clinical Pet Bed: Evaluating the Benefits for Pet Owners**

**1. Observed Benefits**

1.1 Are there any medications or treatments used by your pet that you have been able to reduce?

Medication	Cost
<i>Total</i>	

1.2 Are there any medications or treatments used by your pet that you have been able to stop?

Medication	Cost
<i>Total</i>	

**1.3 To Be Completed By The Principal Investigator** Observation 1 (Pre-Use of Rx Clinical Pet Bed)

<b>To Be Completed By The Principal Investigator:</b>	
Observation 1 (Pre-Use of Rx Clinical Pet Bed) Medication Estimated Monthly Cost: \$ _____	
<i>Subtracting the reduced and stopped medications and treatments after 90 days. Your estimated savings after treatment and use of the Rx Clinical Pet Bed for 90 days is:</i>	
Total:	

**2. Symptom Improvement**

<b>Symptom Improvement (Checkmark if an issue, provide a rank of improvement between 1-5, 1 being no improvement 5 being fully improved)</b>					
Code	System	Improved	Code	System	Improved
1	Dust Mite Allergy		14	Watery Eyes	
2	Flea Allergy		15	Sneezing / Coughing	
3	Mould Allergy		16	Runny Nose	
4	Other Allergy		17	Vomiting / Diarrhea	
5	Bed Bugs		18	Changes In Behavior	
6	Fungal Infection		19	Swollen Paws / face	
7	Staphylococcus		20	Pyoderma	
8	Listeria		21	Arthritis	
9	General Bacterial Infection		22	Post-op Recovery	
10	Itching / Scratching		23	Limping / Lameness	
11	Red / Irritated Skin		24	Fracture	
12	Hot Spots		25	Lethargy	
13	Ear Infections		26	Other	

**3. Features Appeal:**

3.1 After 90 days of use, what features of the Rx Clinical Pet Bed, such as OrthoVet foam and allergen protection, do you find most appealing for your pet?

*Rank the features for importance, 1-5 with 1 being most appealing:*

Protective Inner Liner Barrier	Anti-microbial Bonded Treatment	Waterproof	Breathability	OrthoVet Foam

3.2 How have these features positively impacted your pet's overall health and comfort?

Comments: .....

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3.3 Do you have any feedback or suggestions regarding the look and packaging of Sleep Hygienics Ltd.'s Rx Clinical Pet Bed?

Comments: .....

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3.4 Are there any additional features or improvements you would like to see?

Comments: .....

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**4. Current Sleep Patterns:**

4.1 What is your pet's average daily sleep duration and behavior?

*Hours Asleep, Check the estimated amount of time*

1-3	3-6	6-9	9-12	12-15	15-18	18-21	21+

4.2 Behavior, Check the common behavior(s)

Calm	Restless	Scratchy

4.3 Have you observed any signs of discomfort or sleep disturbances in your pet?

Yes	No

**5. Existing Bedding Practices:**

5.1 Describe the current Rx Clinical Pet Bed bedding arrangements for your pet.

<p>Comments:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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5.2 Have there been any instances of allergies or skin issues related to your pet's bedding?

Yes	No

**6. Long-Term Usage Expectations:**

6.1 How do you envision the long-term impact of incorporating the Rx Clinical Pet Bed into your pet's lifestyle?

Comments: .....

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**7. Post-Purchase Observations:**

7.1 Since using the Rx Clinical Pet Bed, have you noticed any positive changes in your pet's skin health or overall well-being?

Comments: .....

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7.2 Based on your observations, do you expect continued benefits with prolonged use?

Comments: .....

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**8. Dust Mite Allergies:**

8.1 Since incorporating the Rx Clinical Pet Bed, have you observed a noticeable reduction in the frequency or intensity of your pet's dust mite allergy symptoms?

No	Rarely	Sometimes	Often	Always

**9. Flea and Flea Larvae Allergies:**

9.1 Have you observed a positive change in your pet's condition, specifically in terms of reduced flea infestations or alleviation of flea allergy symptoms since using the Rx Clinical Pet Bed?

No	Rarely	Sometimes	Often	Always

**10. Bed Bugs:**

10.1 Since utilizing the Rx Clinical Pet Bed, have you noticed any improvements or changes in your pet's behavior or physical condition related to bed bug concerns?

No	Rarely	Sometimes	Often	Always

**11. Ringworm Spores:**

11.1 Have you observed a decrease in ringworm-related concerns or symptoms in your pet since they started using the Rx Clinical Pet Bed?

No	Rarely	Sometimes	Often	Always

**12. Roundworms and Hookworms:**

12.1 Since using the Rx Clinical Pet Bed, have you noticed any changes in your pet's susceptibility to roundworms or hookworms?

No	Rarely	Sometimes	Often	Always

**13. Bacterial Infections (Staph, Pyoderma, Listeria, Salmonella):**

13.1 Since introducing the Rx Clinical Pet Bed, have you observed any positive changes in your pet's overall health, specifically regarding bacterial infections?

No	Rarely	Sometimes	Often	Always

**14. Arthritis and Joint Pain:**

14.1 Have you seen any improvements in your pet's mobility, joint comfort, or arthritis symptoms since they started using the Rx Clinical Pet Bed?

No	Rarely	Sometimes	Often	Always

**15. Recommendation**

15.1 Would you recommend the Rx Clinical Pet Bed to a friend?

Yes	No

15.2 Do you think the Rx Clinical Pet Bed was reasonably priced after use for 90 days?

Yes	No

These detailed questions aim to gather comprehensive information about the specific conditions and the observed effects of the Rx Clinical Pet Bed. Your insights are crucial in evaluating the bed's clinical efficacy. Thank you for your participation and valuable feedback.

This is the end of the clinical study Observation 2 (Post-use of Rx Clinical Pet Bed) after 90 days of use. Thank you for your participation.

Comments:

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