

## BASIC HISTORY QUESTIONNAIRE FOR DOGS

1. Pet's name \_\_\_\_\_
2. Owner/client's name \_\_\_\_\_
3. Sex of dog Male  Female  Neuter  Spay
4. Dog's date of birth \_\_\_\_\_
5. How long have you had this dog, in months? \_\_\_\_\_ months
6. Breed of dog \_\_\_\_\_
7. Has this dog been bred?  YES  NO
8. If you have not yet bred this dog, do you plan on breeding him or her?  YES  NO Comment \_\_\_\_\_
9. Has this dog been neutered?  YES  NO
10. What was the reason for neutering? \_\_\_\_\_
11. How old, in months, was the dog when neutered? \_\_\_\_\_ months
12. Any behavioral changes after neutering? If so, please explain  YES  NO Comment \_\_\_\_\_
13. Has this pet had other owners? If so, please explain  YES  NO Comment \_\_\_\_\_
14. If the pet had other owners, why was pet given up? \_\_\_\_\_
15. Where did you get this pet?
  - Stray/found
  - Breeder-serious show/performance breeder
  - Breeder-backyard breeder
  - SPCA/Humane shelter
  - Breed rescue service
  - Newspaper adoption ad (not breeder)
  - Pet store
  - Friend
  - Other \_\_\_\_\_
16. Why did you get this dog? \_\_\_\_\_
17. Does this dog have any physical problems that your veterinarian has noted?  YES  NO Comment \_\_\_\_\_
18. Is your dog taking any medication for any of the medical problems discussed above? If so, please explain  YES  NO Comment \_\_\_\_\_
19. How is your dog exercised/maintained? This dog is (please check all that apply):
  - Allowed to run free, unsupervised
  - Fenced/kennel /run
  - Leash walked
  - Outside, unleashed but supervised
  - Indoors only
  - Outdoors only
20. How many walks does your dog get daily, and how long are these walks? \_\_\_\_\_
21. How many play sessions does your dog get daily? \_\_\_\_\_
22. How many training sessions does your dog get daily? \_\_\_\_\_
23. How is your dog kept when you leave him or her alone?
  - free in house
  - free outdoors
  - indoor kennel /run
  - outdoor kennel /run
  - crate indoors

	<input type="checkbox"/> crate outdoors or garage <input type="checkbox"/> behind a gate or door in house <input type="checkbox"/> other _____												
24. What percentage of the 24-hour day does your pet spend inside?	_____ % Inside												
25. What percentage of the day does your pet spend outside?	_____ % Outside												
26. What kind of a living situation do you have?	<input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse/condominium <input type="checkbox"/> House with small yard <input type="checkbox"/> House with large yard <input type="checkbox"/> Farm												
27. Has your household changed since acquiring this pet? If so, what of the following has changed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Death of human in family <input type="checkbox"/> Death of pet in family <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage <input type="checkbox"/> Baby born <input type="checkbox"/> Child moved <input type="checkbox"/> Pet added <input type="checkbox"/> Family moved <input type="checkbox"/> Family schedule changed (lost or gained jobs) <input type="checkbox"/> Other _____												
28. Are any litter mates affected with any behavioral problems? If so, please explain	<input type="checkbox"/> YES <input type="checkbox"/> NO    Comment _____ _____												
29. Where does your pet sleep? (Please check all that apply; we know pets move at night.)	<input type="checkbox"/> In or on your bed <input type="checkbox"/> On his/her own bed in your bedroom <input type="checkbox"/> In a crate in your bedroom <input type="checkbox"/> On a bed in another room <input type="checkbox"/> In a crate in another room <input type="checkbox"/> On the floor next to your bed <input type="checkbox"/> In another room, voluntarily, anywhere he or she wants <input type="checkbox"/> In another room, because he/she is locked from your bedroom <input type="checkbox"/> Anywhere he/she wants												
30. What is your dog's obedience school/training history?	<input type="checkbox"/> No school-trained yourself <input type="checkbox"/> Puppy kindergarten <input type="checkbox"/> Group lessons-basic <input type="checkbox"/> Group lessons-advanced <input type="checkbox"/> Private trainer at house <input type="checkbox"/> Private trainer-sent to trainer <input type="checkbox"/> Agility <input type="checkbox"/> Flyball <input type="checkbox"/> Specialty training (hunting, herding, ect.); please specify _____												
31. How did the dog do in obedience school/training?	<table border="0"> <thead> <tr> <th></th> <th><i>Perfect</i></th> <th><i>OK</i></th> <th><i>Poor</i></th> </tr> </thead> <tbody> <tr> <td>Sit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Stay</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		<i>Perfect</i>	<i>OK</i>	<i>Poor</i>	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Perfect</i>	<i>OK</i>	<i>Poor</i>										
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

- Down/lie down
- Wait
- Heel
- Fetch
- Leave it/drop it
- Take it
- Other \_\_\_\_\_

	Name	Sex	Age	Relationship	Occupation
32. Please list the people, including yourself, currently living in the household now	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

	Name	Order Obtained	Breed	Sex	Age Obtained	Age Now	Any Illnesses or Behavioral issues
33. Please list all the animals (include all pets, even non-dogs) in the household	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

34. Please describe, in detail, how you prepare to leave the house when the dog will be left alone. Do you ignore the dog, do you seek him or her to say goodbye, do you make a fuss, et cetera? \_\_\_\_\_

35. What does your dog do as you prepare to leave? \_\_\_\_\_

	Complaint	Specific Issue	Very Serious	Serious	Not Serious
36. If your dog has a behavior problem(s), please list them and let us know how much of a problem do you consider the behavior. Please tick relevant degree of concern	1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Complaint	Frequency			Percentage of Time
37. For the complaints numbered above, please estimate the frequency of occurrence of the undesirable behavior (percent of time is when that the animal is in a situation and during which undesirable behavior occurs):	1	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	____%
	2	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	____%
	3	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	____%
	4	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	____%
	5	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	____%

38. Have you considered finding another home for this pet?  YES  NO Comment \_\_\_\_\_

39. Have you considered euthanasia (putting your pet to sleep)?  YES  NO Comment \_\_\_\_\_

40. How many total bites has your dog inflicted on any human? \_\_\_\_\_

41. How many bites to humans broke the skin? \_\_\_\_\_
42. How many bites to humans were reported, and to whom? (i.e., local authorities, hospital, humane society, etc.) \_\_\_\_\_ total bites to humans reported  
To whom \_\_\_\_\_
43. Was there legal action taken as a result of any bite to humans?  YES  NO Comment \_\_\_\_\_
44. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.  
\_\_\_\_\_  
\_\_\_\_\_
45. Duration of the behavioral problem: \_\_\_\_\_ days \_\_\_\_\_ months \_\_\_\_\_ years
46. Age of animal when first began showing signs of the problem: \_\_\_\_\_
47. Do you know if the parents engage in similar behaviors as presented animal?  YES  NO Comment \_\_\_\_\_
48. Does the client know if any littermates are engaging in same behaviors?  YES  NO Comment \_\_\_\_\_
49. Does your dog exhibit periodic diarrhea or gastrointestinal distress?  YES  NO Comment \_\_\_\_\_

## SEPARATION ANXIETY AND NOISE PHOBIA/REACTIVITY QUESTIONNAIRE

The first set of these questions deals with an "actual absence"-the client actually leaves the house and the dog is either alone or totally without the client. The second set deals with "virtual absence"-the client is home, but not accessible because the door is closed, or the dog is barricaded in another room. The questions are the same for each, but please answer both. Check NO if the dog does not react in the listed circumstance. Check UNKNOWN if you don't know. Check YES if the dog reacts. Please evaluate the extent of the reaction from the list below.

IFYES:

100% of the time = always

< 100% of the time, but > 60% = more often than not

40%-60% of the time = about equally

0% of the time but < 40% = less often than not

1. Behaviors during an ACTUAL absence	Behavior	YES	NO	UNKNOWN
	A. Destructive behavior when separated from client	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%		
	B. Urination when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%		
	C. Defecation when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%		
	D. Vocalization when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%		
	E. Salivation when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%		

2. Behaviors during a <b>VIRTUAL</b> absence	F. Panting when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%				
	G. If the answer is YES for any of the above responses, what is the timing of the onset of behaviors (if known)?	<input type="checkbox"/> Within 5 minutes <input type="checkbox"/> More than 5 minutes, but less than 30 minutes <input type="checkbox"/> More than 30 minutes, but less than 1 hour <input type="checkbox"/> More than 1 hour, but less than 3 hours <input type="checkbox"/> Only after several hours				
	<table border="1"> <thead> <tr> <th><i>Behavior</i></th> <th><i>YES</i></th> <th><i>NO</i></th> <th><i>UNKNOWN</i></th> </tr> </thead> </table>		<i>Behavior</i>	<i>YES</i>	<i>NO</i>	<i>UNKNOWN</i>
	<i>Behavior</i>	<i>YES</i>	<i>NO</i>	<i>UNKNOWN</i>		
	A. Destructive behavior when separated from client	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%				
	B. Urination when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%				
	C. Defecation when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%				
	D. Vocalization when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%				
E. Salivation when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%					
3. Reactions to NOISE	F. Panting when separated from client.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60% <input type="checkbox"/> < 60% but > 40% <input type="checkbox"/> < 40% but > 0%				
	G. If the answer is YES for any of the above responses, what is the timing of the onset of behaviors (if known)?	<input type="checkbox"/> Within 5 minutes <input type="checkbox"/> More than 5 minutes, but less than 30 minutes <input type="checkbox"/> More than 30 minutes, but less than 1 hour <input type="checkbox"/> More than 1 hour, but less than 3 hours <input type="checkbox"/> Only after several hours				
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<i>Behavior</i>	<i>YES</i>	<i>NO</i>	<i>UNKNOWN</i>			
	A. Reaction during thunderstorms. Type of response (check all that apply):	<input type="checkbox"/> 100% of the time <input type="checkbox"/> < 100% but > 60%				
	<input type="checkbox"/> Salivate <input type="checkbox"/> Hide					

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Defecate                            | <input type="checkbox"/> Tremble        | <input type="checkbox"/> < 60% but > 40% |
| <input type="checkbox"/> Urinate                             | <input type="checkbox"/> Destroy        | <input type="checkbox"/> < 40% but > 0%  |
| <input type="checkbox"/> Escape                              | <input type="checkbox"/> Freeze         |  |
| <input type="checkbox"/> Pant                                | <input type="checkbox"/> Will not eat   |  |
| <input type="checkbox"/> Pace                                | <input type="checkbox"/> Pupil dilation |  |
| <input type="checkbox"/> Vocalize (bark, whine, growl, howl) |   |  |

- B. Reaction during fireworks. Type of response (check all that apply):
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salivate                            | <input type="checkbox"/> Hide           | <input type="checkbox"/> 100% of the time |
| <input type="checkbox"/> Defecate                            | <input type="checkbox"/> Tremble        | <input type="checkbox"/> < 100% but > 60% |
| <input type="checkbox"/> Urinate                             | <input type="checkbox"/> Destroy        | <input type="checkbox"/> < 60% but > 40%  |
| <input type="checkbox"/> Escape                              | <input type="checkbox"/> Freeze         | <input type="checkbox"/> < 40% but > 0%   |
| <input type="checkbox"/> Pant                                | <input type="checkbox"/> Will not eat   |   |
| <input type="checkbox"/> Pace                                | <input type="checkbox"/> Pupil dilation |   |
| <input type="checkbox"/> Vocalize (bark, whine, growl, howl) |   |   |

- C. Reaction during gunshots. Type of response (check all that apply):
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salivate                            | <input type="checkbox"/> Hide           | <input type="checkbox"/> 100% of the time |
| <input type="checkbox"/> Defecate                            | <input type="checkbox"/> Tremble        | <input type="checkbox"/> < 100% but > 60% |
| <input type="checkbox"/> Urinate                             | <input type="checkbox"/> Destroy        | <input type="checkbox"/> < 60% but > 40%  |
| <input type="checkbox"/> Escape                              | <input type="checkbox"/> Freeze         | <input type="checkbox"/> < 40% but > 0%   |
| <input type="checkbox"/> Pant                                | <input type="checkbox"/> Will not eat   |   |
| <input type="checkbox"/> Pace                                | <input type="checkbox"/> Pupil dilation |   |
| <input type="checkbox"/> Vocalize (bark, whine, growl, howl) |   |   |

- D. Reaction to other noises. Type of response (check all that apply):
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salivate                            | <input type="checkbox"/> Hide           | <input type="checkbox"/> 100% of the time |
| <input type="checkbox"/> Defecate                            | <input type="checkbox"/> Tremble        | <input type="checkbox"/> < 100% but > 60% |
| <input type="checkbox"/> Urinate                             | <input type="checkbox"/> Destroy        | <input type="checkbox"/> < 60% but > 40%  |
| <input type="checkbox"/> Escape                              | <input type="checkbox"/> Freeze         | <input type="checkbox"/> < 40% but > 0%   |
| <input type="checkbox"/> Pant                                | <input type="checkbox"/> Will not eat   |   |
| <input type="checkbox"/> Pace                                | <input type="checkbox"/> Pupil dilation |   |
| <input type="checkbox"/> Vocalize (bark, whine, growl, howl) |   |   |

- E. How frequently in terms of weeks do noise events such as thunder, fireworks, or gunshots occur in the dog's environment?
- |   |
|---|
| <input type="checkbox"/> Never – 0%                                       |
| <input type="checkbox"/> Occasionally < 50% but > 0% (Once a week)        |
| <input type="checkbox"/> Regularly < 100% but > 50% (A few times a week)  |
| <input type="checkbox"/> Frequently 100% (At least multiple times a week) |

- F. Has this dog ever been treated for noise sensitivities or phobias? If so, with what?  YES  NO Comment \_\_\_\_\_

G. Does your dog react to other aspects of storms?

- |                        |                              |                             |                                    |
|------------------------|------------------------------|-----------------------------|------------------------------------|
| a. Wind                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Uncertain |
| b. Darkness            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Uncertain |
| c. Ozone               | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Uncertain |
| d. Barometric Pressure | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Uncertain |
| e. Rain                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Uncertain |

## AGGRESSION QUESTIONNAIRE

**KEY:** NR=No reaction; S=Snarl (noise); L=Lift lip (can see corner teeth); B=Bark (aggressive, not an alerting bark); G=Growl (not a play growl); SP=Snap (no connection with skin); BT=Bite (connects with skin, regardless of damage); WD=Withdraw or avoid; NA=Not applicable (animal has never been in that situation)

This screen can be used in three ways:

- To note the presence or absence, at any time, of any of the behaviors
- By the clients to keep as a log about the baseline behavior, noting how many times the behavior occurs, given the number of times it is attempted, per unit time (i.e., per week)
- To keep a log about frequencies of the occurrence behaviors, given the number of times the circumstance has been encountered, at different intervals during treatment so that these numbers can be compared with those in (2)

Please note if the reaction is consistent in style, or only directed toward one person, or only present in one restricted circumstance. If using this screen only for the first use, note if the dog has been worsening in intensity or frequency in any category.

	NR	S	L	B	G	SP	BT	WD	NA
Take dog's food dish with food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take dog's empty food dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take dog's water dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take food (human) that falls on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take rawhide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take real bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take biscuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take toy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human approaches dog while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog approaches dog while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human approaches dog while playing with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog approaches dog while playing with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human approaches/disturbs dog while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog approaches/disturbs dog while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step over dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push dog off bed/couch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach toward dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach over head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push on shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push on rump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel feet when wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NR	S	L	B	G	SP	BT	WD	NA
Bathe dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groom dog's head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groom dog's body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stare at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take muzzle in hands and shake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push dog over onto back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger knocks on door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger enters room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in car at toll booth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in car at gas station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog on leash approached by dog on street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog on leash approached by person on street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in yard-person passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in yard-dog passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in vet's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in boarding kennel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in groomers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog yelled at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog corrected with leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog physically punished-hit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone raises voice to owner in presence of dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone hugs/touches owner in presence of dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squirrels, cats, small animals approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycles, skateboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crying infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing with 2-year-old children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing with 5- to 7-year-old children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing with 8- to 11-year-old children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing with 12- to 16-year-old children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PREVIOUS TREATMENT QUESTIONNAIRE

*This questionnaire is designed to help us evaluate any role previous treatment may play in either your dog's problems or in their resolution. We would like you to answer two types of questions. The first set focuses on general, global approaches recommended. The second set, which is a fairly lengthy tick list, focuses on specific actions recommended. Please complete these tables to the best of your ability, and if our lists are not complete, or you feel that an explanation is warranted, please complete the "comment" section at the bottom. Even if you think that your dog is problem-free it would be extraordinarily helpful if you also completed this questionnaire so that we can compare dogs with problems to dogs without problems. Thanks!*

1. Global, general approaches recommended	Suggested	By Whom	Attempted	Outcome
Obedience class	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Private trainer	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____



2. Please select the items below if they were suggested and/or attempted. Please let us know who suggested that you try the activity noted, and the outcome if you attempted it.

Board certified behaviorist	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Consult your vet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Non-vet behavioral consultant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
			<i>Suggested</i>	<i>By Whom</i>	<i>Attempted</i>	<i>Outcome</i>
Stare at or "stare down"	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Grab by jowls and shake	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Get an additional dog as a companion for this one	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Step on leash or choke collar and force down	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Blow in nose or face	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Buy different types of dog toys (e.g., Kongs, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Metal choke collar	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Prong collar	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Halti, head collar, or Gentle Leader	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Harness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
No pull or Sporn harness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Martingale collar	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Electronic or shock collar controlled by owner	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Electronic or shock collar-remote control or bark activated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Citronella collar	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Throw a tin or can of pennies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Whistle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Hit dog with hand	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Knee dog in chest / belly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Kick dog	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Bite dog	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
"Alpha roll" [hold spread eagle on back]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
"Dominance down" [hold down on side, legs extended, head flat]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Growl at dog	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Yell or scream at dog	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Long down	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Sit and wait	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
"Time out" [if you do this let us know where and how, and for how long]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Praise for good behavior	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Crate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Kennel outdoors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Fenced yard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Invisible fence	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Isolate somewhere in house	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Pop and jerk leash	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Yank or pull on leash	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Muzzle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Increase exercise	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Increase play	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Give treats for good behavior	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Shove dog's nose/face into urine, feces, or destruction	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Use scat mats or other electronic avoidance systems	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Calming cap	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Thundershirt or Anxiety Wrap	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Doggies or eyeshades	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Anything else that was recommended or tried?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## STEREOTYPICAL AND RITUALISTIC BEHAVIOR HISTORY

*This section of the history form is to be completed only if your dog is showing any repetitive, ritualistic behaviors that you find troublesome or about which you are concerned. If your dog is not doing this, you do not have to complete this form.*

- The first section focuses on a description and categorization of your dog's behavior(s)
- The second section focuses on patterns of behaviors. Please indicate the appropriate answer (YES/NO/UNCERTAIN) for each question.

1. Which of the following categories below fits your dog's behavior? Tick as many categories that apply to the dog's behavior. Then tick the best description that relates to the selected behavior.

<input type="checkbox"/> Grooming	<input type="checkbox"/> Chewing self	<input type="checkbox"/> Biting self
	<input type="checkbox"/> Licking self	<input type="checkbox"/> Plucking hair from self
	<input type="checkbox"/> Trimming hair on self	<input type="checkbox"/> Sucking self
	<input type="checkbox"/> Continuously doing any of these to another individual	
	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hallucinatory	<input type="checkbox"/> Staring and attending to things that are not there	
	<input type="checkbox"/> Tracking things that are not there	
	<input type="checkbox"/> Pouncing on or attacking things that are not there	
	<input type="checkbox"/> Other, please explain: _____	
<input type="checkbox"/> Consumptive	<input type="checkbox"/> Consuming rocks	
	<input type="checkbox"/> Consuming dirt or soil	

- Consuming other objects
- Licking or gulping air
- Eating, licking, sucking, or chewing wool or fabric, rugs, furniture, et cetera
- Other: \_\_\_\_\_

- Locomotory
- Circling/spinning
- Tail-chasing
- Freezing
- Other: \_\_\_\_\_

- Vocalization
- Rhythmic barking
- Howling
- Growling
- Other: \_\_\_\_\_

- |  |  |
|--|--|
| 2. Was there a change in the household or an event associated with the development of the behavior?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 3. Is there any time of day when the behavior seems more or less intense?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 4. Is there a person or another pet in the presence of whom the behavior seems more intense?   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 5. Does the dog respond to its name or seem aware of its surroundings while in the midst of the behavior?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 6. Is the dog aware that you are calling him/her?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 7. Can you convince the dog to stop the behavior by calling him/her?   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 8. Can you convince the dog to stop the behavior by using physical restraint?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 9. Is there a location in which the dog prefers to perform the behavior?   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 10. Does any event or behavior routinely occur immediately before the behavior begins?   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 11. Does any event or behavior routinely occur immediately after the behavior ceases?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 12. Has the dog's general behavior changed in any way since the onset of the atypical behavior (i.e., the dog is more or less aloof, aggressive, withdrawn, playful, et cetera)? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 13. Has the dog's diet recently been changed?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 14. Did anyone else in the dog's family exhibit these or similar behaviors?  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Uncertain<br>Comment _____ |
| 15. List the kinds of things (i.e., noises, treats, toys), if any, that will interrupt the behavior once it has started.   | _____<br>_____   |

16. For ingestion, list what types of objects are consumed.  
Be as specific as possible-what type of rug or sweater  
fabric?

\_\_\_\_\_

\_\_\_\_\_

## QUESTIONNAIRE TO EVALUATE BEHAVIORS OF OLD DOGS

*This section of the history form is to be completed only if your dog is older (> 7 years for larger dogs and > 10 years for smaller ones) so that we can assess changes associated with aging. If your dog is not elderly or you have no complaints that could be associated with age, you do not have to complete this form. If you are uncertain, please complete the form.*

1. Locomotory/ambulatory assessment  
(select only one)

- No alterations or debilities noted
- Modest slowness associated with change from youth to adult
- Moderate slowness associated with geriatric aging
- Moderate slowness associated with geriatric aging plus alteration or debility in gait
- Moderate slowness associated with geriatric aging plus some loss of function (e.g., cannot climb stairs)
- Severe slowness associated with extreme loss of function, particularly on slick surfaces (may need to be carried)
- Severe slowness, extreme loss of function, and decreased willingness or interest in locomoting (spends most of time in bed)
- Paralyzed or refuses to move

2. Appetite assessment (may select  
more than one)

- No alterations in appetite
- Change in ability to physically handle food
- Change in ability to retain food (vomits or regurgitates)
- Change in ability to find food
- Change in interest in food (may have to do with their ability to smell)
- Change in rate of eating
- Change in completion of eating
- Change in timing of eating
- Change in preferred textures

3. Assessment of elimination frequency  
and "accidents" (select only one)

- No change in frequency and no "accidents"
- Increased frequency, no "accidents"
- Decreased frequency, no "accidents"
- Increased frequency with "accidents"
- Decreased frequency with "accidents"
- No change in frequency, but "accidents"

4. Assessment of Bladder Control  
(select only one)

- Leaks urine when asleep, only
- Leaks urine when awake, only
- Leaks urine when awake or asleep
- Full-stream, uncontrolled urination when asleep, only
- Full-stream, uncontrolled urination when awake, only
- Full-stream, uncontrolled urination when awake or asleep
- No leakage or uncontrolled urination, all urination controlled, but in inappropriate or undesirable location
- No change in urination control or behavior

5. Assessment of Bowel Control (select  
appropriate answer if this occurs)

- |   |                                       |                                   |                                |
|---|---------------------------------------|-----------------------------------|--------------------------------|
| Defecates when asleep                   | <input type="checkbox"/> Formed Stool | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Mixed |
| Defecates without<br>apparent awareness | <input type="checkbox"/> Formed Stool | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Mixed |

Defecates when awake but undesirable or inappropriate areas  Formed Stool  Diarrhea  Mixed

No changes in bowel control

6. Visual acuity-how well do you think the dog sees? (select only one)

- No change in visual acuity detected – appears to see as well as ever
- Some change in acuity not dependent on ambient light conditions
- Some change in acuity dependent on ambient light conditions
- Extreme change in acuity not dependent on ambient light conditions
- Extreme change in acuity dependent on ambient light conditions
- Blind

7. Auditory acuity-how well do you think the dog hears? (select only one)

- No apparent change in auditory acuity
- Some decrement in hearing-not responding to sounds to which the dog used to respond
- Extreme decrement in hearing-have to make sure the dog is paying attention or repeat signals or go get the dog when called
- Deaf-no response to sounds of any kind

8. Play interactions-if the dog plays with toys (other pets are addressed later), which situation best describes that play? (select only one)

- No change in play with toys
- Slightly decreased interest in toys, only
- Slightly decreased ability to play with toys, only
- Slightly decreased interest and ability to play with toys
- Extreme decreased interest in toys, only
- Extreme decreased ability to play with toys, only
- Extreme decreased interest and ability to play with toys

9. Interactions with humans-which situation best describes that interaction? (select only one)

- No change in interaction with people
- Recognizes people but slightly decreased frequency of interaction
- Recognizes people but greatly decreased frequency of interaction
- Withdrawal but recognizes people
- Does not recognize people

10. Interactions with other pets-which situation best describes that interaction? (select only one)

- No change in interaction with other pets
- Recognizes other pets but slightly decreased frequency of interaction
- Recognizes other pets but greatly decreased frequency of interaction
- Withdrawal but recognizes other pets
- Does not recognize other pets
- No other pets or animal companions in house or social environment

11. Changes in sleep/wake cycle (select only one)

- No changes in sleep patterns
- Sleeps more in day, only
- Some change-awakens at night and sleeps more in day
- Much change-profoundly erratic nocturnal pattern and irregular daytime pattern
- Sleeps virtually all day, awake occasionally at night
- Sleeps almost around the clock

12. Is there anything else you think we should know?

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**\*\* IMPORTANT SUBMISSION INFORMATION -- AFTER COMPLETING THE FORM \*\***

Please either click "PRINT FORM" and return the printed copy to the office or "SAVE FORM" to save to your computer and email to [frontdesk@telfordvet.com](mailto:frontdesk@telfordvet.com)