



VETERINARY TEACHING HOSPITAL  
ATLANTIC VETERINARY COLLEGE

**AVC Behavioural Medicine Service**

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This information sheet is intended to review policies and procedures, to explain the appointment costs and structure, and to explain the type of information we will need to help your dog.

***Initial telemedicine/distance appointment duration and costs***

***For distance consults***, we require the same materials as for in-person appointments, but the referring veterinarian remains the veterinarian of record, and they are responsible for dispensing medication. We review the history, videos and medical record and then write and send the *draft* consult to the client. Then, we will schedule a 60-minute Zoom or other provider call with the client so that we can see the family and patient, review the consult, learn where we missed something and answer questions. A revised consult will follow and will also be sent to the referring veterinarian with an explanatory email. These consults and this format have worked well, but we know that they are not for everyone. At some point we may need to see someone in person who did a distance consult and we will tell you when we think that distance follow-up is not working and that we need to see you in person. The distance consult costs \$385.

***Re-exams***

Re-exam appointments for dogs seen within the last 6 months in person **or** via Zoom are \$165 and last 60 minutes. We strive to use our time together efficiently.

Some clients will need or desire multiple re-exams and some clients will require or desire few. We try to work with you to make the most efficient use of your time and resources to help your dog become the happiest he or she can be.

Some clients need short touch-ups either with reading signals or working with some of the behaviour medication. We offer a “Touch up” appointment for these clients for \$75. This appointment lasts 30 minutes and with email and video follow-up may be all some clients need after the initial appointment. These appointments work best in person, but in some circumstances can be used in distance consults.

We will always be honest with you and tell you what we think is in the best interests of your dog.

***A short comment about re-exams***

Sometimes it is clear that the best practices in the field dictate that a re-exam is necessary. If so, one will be recommended and encouraged. Of course, clients are also welcome to schedule a re-exam anytime they think it

will help them and their dog. We have some clients we see 2-3 times a year simply because this is what works best for them.

Some clients feel that they do not need re-exams. This can be a fine decision if clients understand that a re-exam is always an option and if they keep communicating by email. Any time someone has a question, a problem, a worry, or there has been a behavioural change that doesn't make sense - we need to hear from you. Mental health care is an ongoing process. If you need a re-exam, we will schedule one. Otherwise, we urge you to take 'virtual' advantage of behaviour mod re-exams by emailing us the question and attaching a video or some drive link (WeTransfer.com is very simple to use and free).

Re-exams vary in time and content. For dogs who have been seen within the previous 6 months, re-exams are scheduled for an hour – either in person or virtually through ZOOM - and cost \$165. For dogs who have not been seen in the last 6 months, re-exams are scheduled for 1.5 hours and cost \$275. Re-exams are recommended for anyone who is struggling, afraid, have had a set-back (and it could be 2 years after the initial appointment) or just not seeing the progress they wished.

Regardless, we recommend a re-exam annually – either virtually or in person.

Any dog who is taking medication should have a full annual laboratory evaluation done (lab work) that includes a complete blood count (CBC), chemistry panel and urinalysis (UA). This lab work must be done within the 3 months before the appointment. ***This can be done by your referring veterinarian and you can email us the results before the appointment (preferred) or bring the results to your re-exam.*** Clients who are physically too far away for annual re-exams should email updates and their annual lab work results. Referring veterinarians should feel free to email questions.

***Please note: we use fear-reducing and minimizing, no distress, no restraint handling techniques for all of our procedures. This means that we may or may not touch your dog, and because we will need to work with them over time, we attempt to do no behavioural harm or engage in anything that could adversely affect their mental health. We further provide such recommendations to your veterinarian as part of the discharges and in referral letters.***

All first and full re-exam appointments will result in letters being sent to your veterinarian unless you explicitly ask us not to send a letter. We understand the personal nature of appointments in veterinary behavioural medicine and respect your privacy. Many of our clients prefer to work with a treatment team, including their vet and a trainer. We are happy to facilitate these types of teamwork efforts and welcome vets or trainers at the consultation, but can also simply copy them on the discharges.

#### ***Materials and information needed for an appointment***

To proceed with your consultation we will the following materials sent to us via email (preferred) or post **before** your appointment:

1. We will need a completed set of the attached history forms. **Please note that these can be completed as a Word document and attached to an email.** Also please note that it will take you 20-40 minutes to complete these forms, depending on the level of detail.
2. We will need a video of the behaviours that concern you. Please note, *if the behaviours about which you are concerned are not ones that are likely to be seen in public and we do not have a video we cannot do the best possible job.*

The video should:

- show the behaviour(s) about which you are concerned, excepting any injurious behaviour,
- give a brief tour of the dog's environment (house/apartment and yard), and
- show any other relevant facets of the patient's life (e.g., where your dog or cat sleeps, sits, eats, drinks, walks, plays, interaction with other animals, et cetera).

If aggression with injury is one of the complaints, **please do not provide a video of the dog biting someone, and do not put the dog in a situation where any aggression may be provoked or which may scare or distress the dog or anyone else.** If aggression is a concern, other behaviours will be indicative of it. Please do not scare or put anyone at risk to make a video.

Videos can be provided in the following formats:

- via a downloadable link (such as WeTransfer.com which is free, secure and easy to use) – **OUR PREFERRED FORMAT**
- Email attachment
- YouTube link
- DVD
- Flash drive

Please note that our formats are mpeg, MP4 and avi.

Please keep a copy of the videos since *they will not be returned.* Videos and/or photos may also be taken during the appointment. Any videos/photos used to evaluate the patient, including those you have taken, become part of the record and may be used *anonymously* in all modes of teaching (including teaching staff or other clients) and/or research. You can opt out of allowing us to use any videos or photos for teaching/research and this decision will not affect your dog's care. Just tell us that you opt out.

3. We will need a copy of your dog's medical record, including proof of vaccination for rabies (or an adequate titer), or a letter from your veterinarian summarizing the important medical history and providing proof of vaccination for rabies (or an adequate titer).

A referral letter and the consult will be sent to your veterinarian, unless you explicitly request that this is not done. Please complete the contact information for your veterinarian, below.

**Name of veterinarian:** \_\_\_\_\_

**Veterinarian's address:** \_\_\_\_\_

\_\_\_\_\_

**Veterinarian's telephone number:** \_\_\_\_\_

**Veterinarian's fax #:** \_\_\_\_\_

**Veterinarian's e-mail:** \_\_\_\_\_

PLEASE DO NOT SEND A LETTER TO MY VETERINARIAN.

## AVC BEHAVIOURAL MEDICINE CANINE QUESTIONNAIRE

The questionnaire that follows focuses on all aspects of your dog’s behaviour and health issues that could contribute to any behavioural concerns. This questionnaire has been amended over the years and improved using clinical data because medicine is an evolving, evidence-based field. The most recent published version of it can be found in Overall, KL. *Manual of Clinical Behavioural Medicine for Dogs and Cats*, Elsevier, 2013.

To interpret this information in the most detailed possible light it would be helpful for you to list your dog’s weight and your dog’s body condition score. If you do not know your dog’s body condition score, please go to the websites listed to see the scoring systems routinely used.

Dog’s weight: \_\_\_\_\_ kg or \_\_\_\_\_ lb

Body condition score/BCS: \_\_\_\_\_ See link below:

<http://www.wsava.org/sites/default/files/Body%20condition%20score%20chart%20dogs.pdf>

Date: \_\_\_\_\_

**Please complete the pages below as accurately as possible**

1. Pet’s name	
2. Owner / Client’s name	
3. Kennel name (if applicable)	
4. Street address: City/Province/State: Postal Code/Zip Code:	
5. Owner’s best phone number	
6. Owner’s email address	
7. Breed of dog	
8. Sex of dog	
9. Has this dog been neutered/spayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How old, in months was the dog when neutered/spayed?	_____ months
11. What was the reason for neutering/spaying?	
12. Any behavioural changes after neutering?  If yes, tell us what changes:  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has the dog been bred?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. If you have not yet bred this dog, do you plan on breeding him or her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Any behavioural changes after breeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, what? <input type="text"/> <input type="text"/>
16. Describe your dog's coat colour	<input type="text"/>
17. Dog's date of birth	Day/Month/Year:
18. Dog's age at completion of this questionnaire, in months	_____ months
19. How old was your pet when you first acquired him or her, in months	_____ months
20. Has this pet had other owners	<input type="checkbox"/> Yes <input type="checkbox"/> No  If so, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/> unknown  Why was this pet given up/relinquished?  <input type="text"/> <input type="text"/>
21. How long have you had this dog, in months?	_____ months
22. Where did you get this pet?	<input type="checkbox"/> Stray/found <input type="checkbox"/> Breeder – serious show/performance <input type="checkbox"/> Breeder – backyard breeder/neighbour <input type="checkbox"/> SPCA/humane shelter <input type="checkbox"/> Breed rescue service <input type="checkbox"/> Newspaper/online adoption ad (not breeder) <input type="checkbox"/> Pet store <input type="checkbox"/> Friend <input type="checkbox"/> Other (please explain): <input type="text"/> <input type="text"/>
23. Why did you get this dog?	<input type="text"/>
24. When was your dog last vaccinated?	Date:

25. When was your last complete veterinary check-up?	Date:
26. Does this dog have any physical problems that your veterinarian has noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically?
27. Is your dog taking any medication for any of the medical problems discussed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically?
28. Is your dog taking any medication for any behavioural problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically?
29. Is your dog taking heartworm preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what brand?
30. Is your dog taking flea or tick preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what brand?  
31. What food (brand names, amounts, and schedules) is your dog fed?	
32. What treats does your dog get (brand names, amounts, and schedules)	
33. Does your dog get anything else to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically?

34. How is your dog exercised/maintained?	Is this dog (please check all that apply): <input type="checkbox"/> Allowed to run free, unsupervised <input type="checkbox"/> Allowed to run unsupervised in a fenced yard, kennel or run <input type="checkbox"/> Leash Walked <input type="checkbox"/> Allowed to run free outside, unleashed, but supervised <input type="checkbox"/> Indoors only <input type="checkbox"/> Outdoors only <input type="checkbox"/> Other (please explain): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
35. How many walks does your dog get daily, and how long are these walks?	Number of walks Average length in minutes
36. How many play sessions does your dog get daily?	Sessions per day _____
37. How many training sessions does your dog get daily or weekly (tell us which)?	Sessions per day _____ Sessions per week _____
38. How often is your dog groomed?	
39. How is your dog kept when you leave him or her alone?	<input type="checkbox"/> Free in the house <input type="checkbox"/> Free outdoors <input type="checkbox"/> Indoor kennel/run <input type="checkbox"/> Outdoor kennel/run <input type="checkbox"/> Crate indoors <input type="checkbox"/> Crate outdoors or in garage <input type="checkbox"/> Behind a gate or door in house <input type="checkbox"/> Other (please specify):
40. What percentage of the 24 h day does your pet spend inside?	% inside
41. What percentage of the day does your pet spend outside?	% outside



<p>42. What kind of a living situation do you have?</p>	<p> <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  <input type="checkbox"/> Other (please specify): </p>
<p>43. Has your household changed since acquiring this pet?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, how?</p> <p> <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 (please specify): </p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>44. Do you know how many animals were in this pet's litter?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No  # females  # males </p>
<p>45. Are any litter mates were / are affected with any <b>medical</b> problems?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, what specifically: </p>
<p>46. Are any litter mates were / are affected with any <b>behavioural</b> problems?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, what specifically: </p>

47. Why did you choose <b>this specific animal</b> from the litter?	
48. Why did you choose <b>this specific breed</b> ?	
49. Have you owned this particular breed before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have you owned pets before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you owned dogs before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you owned cats before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you owned birds before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. 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 <input type="checkbox"/> Other (please specify): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

<p>55. What is your dog's obedience school/training history?</p>	<p> <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, et cetera);  please specify:    <input type="text"/>    <input type="text"/> </p>
<p>56. At what age did your dog start lessons/training?</p>	<p>_____ months</p>
<p>57. How did the dog do in obedience school/training?</p>	<p></p>
<p>58. Who took the dog to training?</p>	<p></p>
<p>59. Does the dog have any obedience titles?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>60. How well does this dog do with the following commands / requests?</p>	<p>a. Sit  <input type="checkbox"/> Perfect <input type="checkbox"/> Ok, needs work <input type="checkbox"/> Badly</p> <p>b. Stay  <input type="checkbox"/> Perfect <input type="checkbox"/> Ok, needs work <input type="checkbox"/> Badly</p> <p>c. Down/lie down  <input type="checkbox"/> Perfect <input type="checkbox"/> Ok, needs work <input type="checkbox"/> Badly</p> <p>d. Wait  <input type="checkbox"/> Perfect <input type="checkbox"/> Ok, needs work <input type="checkbox"/> Badly</p> <p>e. Heel  <input type="checkbox"/> Perfect <input type="checkbox"/> Ok, needs work <input type="checkbox"/> Badly</p>



62. Please list all the **animals** (include all pets, even non-dogs) in the household.

Name	Order Obtained	Breed	Sex*	Age Obtained (Months)	Age Now (Months)	Any Physical Illness? (Y/N)	Any Behavioural Illness? (Y/N)

\* Male = male intact/entire, F = female intact/entire, MC = male castrated/neutered, FS = female spayed/neutered

63. If anyone, above, has been identified as having a medical problem (Y), what is the problem?

64. If anyone, above, has been identified as having a behavioural problem (Y), what is the problem?

65. 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 and say goodbye, do you make a fuss, etc.?

66. What does your dog do as you prepare to leave?

67. Please let us know what your behavioural concerns are and how much of a problem do you consider the behaviour. **Please tick relevant degree of concern.**

Complaint Number	Specific Complaint/Problem	Very Serious?	Serious?	Not Serious?
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"/>

For the complaints numbered above, please estimate the frequency of occurrence of the undesirable behaviour. For example, the dog may growl at other dogs on the street weekly, but he growls at them 100% of the time he sees them – he may see them only weekly.

**Complaint 1:**

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

**Complaint 2:**

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

**Complaint 3:**

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

**Complaint 4:**

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

**Complaint 5:**

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

**The Effect of the Behavioural Concerns on Everyone in the Family**

68. If your dog has what you perceive to be a problem, why have you kept the dog despite this problem?

69. Are you concerned that you may have caused the problem?

Yes  No

70. Do you feel guilty about this problem?

Yes  No

71. Have you considered finding another home for this pet?

Yes  No

72. Have you considered euthanasia (putting your pet to sleep)?

Yes  No

**On the Issue of Biting**

73. How many bites have your dog inflicted on any **human**?

0  1  2  3  4  5  >5

74. How many bites to **humans** broke the skin?

0  1  2  3  4  5  >5

75. How many bites to **humans** were reported, and to whom? (i.e. local authorities, hospital, humane society, etc.)

0  1  2  3  4  5  >5

To whom was the bite reported?



76. Was there legal action taken as a result of any bit to *humans*?

Yes  No

77. How many total bites has your dog inflicted on any *dog*?

0  1  2  3  4  5  >5

78. How many bites to *dogs* broke the skin?

0  1  2  3  4  5  >5

79. How many bites to *dogs* were reported, and to whom? (i.e. local authorities, hospital, humane society, etc.)

0  1  2  3  4  5  >5

To whom was the bite reported?

80. Was there legal action taken as a result of any bite to *dogs*?

Yes  No

81. Has the frequency or the intensity of the occurrence of the behaviour changed since the problem started?

Yes  No

If so, how and when?

**Problem Development**

82. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.

83. Duration of problem: \_\_\_\_ days \_\_\_\_ months \_\_\_\_ years

84. Age of animal when first began showing signs of the problem: \_\_\_\_\_

85. Do you know if the **parents** engage in **similar behaviours** as presented animal?

- Yes, they did
- No, they didn't
- Don't know

If yes, what behaviours were exhibited by whom?

86. Are there any **littermates** that are engaging in the same behaviours?

- Yes, they did
- No, they didn't
- Don't know

If yes, what behaviours were exhibited by whom?

87. Does your dog exhibit **periodic diarrhea or gastrointestinal distress**?

- Yes
- No
- Don't know

### **General anxiety screen (GAD)**

1. When at home, does your dog patrol – run back and forth – between windows and doors or stand focused and alert in a window/door for long periods to monitor whatever is ongoing outside?  Yes  No

a. If **yes**, which does your dog do?

- 1. active, constant, more frantic scanning and monitoring.
- 2. more focused, intense, quiet scanning and monitoring.
- 3. the dog can do both.

b. If **yes**, which statement *best* applies to your dog?

- 1. My dog does this multiple times a day.
- 2. My dog does this at least once a day.
- 3. My dog does this multiple times a week.
- 4. My dog does this at least once a week.
- 5. My dog does this very occasionally.

c. If **yes**, can you interrupt the dog to stop the behavior?

- 1. Yes, and the dog responds quickly.
- 2. Yes, but the dog immediately goes back to monitoring when I am not focusing on him/her.
- 3. I can sometimes interrupt the dog.
- 4. I cannot interrupt him/her unless I close blinds/drapes or remove the dog from the room.
- 5. I cannot interrupt him/her, no matter what.

d. If **yes**, how do you interrupt the behavior?

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2. When your dog goes for a walk does he or she monitor and scan for people, dogs, cars and/or movement during the walk?  Yes  No

a. If **yes**, which statement *best* applies to your dog?

- 1. my dog does this on all walks (100% of the time).
- 2. my dog does this on most walks (>60% of the time).
- 3. my dog does this on about half of the walks (40-60% of the time).
- 4. my dog does this on infrequent walks (< 40% of the time).

b. If **yes**, can you interrupt the dog to stop the behavior?

- 1. Yes, and the dog responds quickly.
- 2. Yes, but the dog immediately goes back to monitoring when I am not focusing on him.
- 3. I can sometimes interrupt the dog, but not always.
- 4. I cannot interrupt the dog and we continue to walk.
- 5. I cannot interrupt the dog so we leave and/or go home.

c. If **yes**, what does your dog monitor (circle all that apply)?

- 1. dogs
- 2. humans
- 3. movement (cars, wind)
- 4. noises
- 5. other (tell us, please)\_\_\_\_\_

3. When you are in a new or less familiar place with your dog – visiting a friend, going to a veterinary office, going to a park, training class, et cetera - how long does it take your dog to sit or lie down and rest (even if they do not stay resting)?

- a. 5 minutes or less
- b. more than 5 but less than 20 minutes
- c. more than 20 but less than 60 minutes
- d. more than an hour
- e. my dog does not lie down and rest in new or less familiar places

4. If your dog does sit or lie down in new or less familiar places, how well do they rest?

- a. Once the dog is resting, they will stay there until someone (dog or human) or something (and event like opening the fridge) gets their attention.
- b. The dog is up and down much of the time.

5. If you have visitors at home, how long does it take your dog to sit or lie down and rest (even if they do not stay resting)?

- a. 5 minutes or less
- b. more than 5 but less than 20 minutes
- c. more than 20 but less than 60 minutes
- d. more than an hour
- e. my dog does not lie down and rest when we have visitors.

6. If your dog does sit or lie down when you have visitors, how well do they rest?

- a. Once the dog is resting, they will stay there until someone (dog or human) or something (and event like opening the fridge) gets their attention.
- b. The dog is up and down much of the time.

7. How well does your dog sleep at night?

- a. The dog sleeps solidly through the night, with occasional readjustments.
- b. If someone gets up, the dog physically gets up, but is otherwise a good sleeper.
- c. The dog is up and down and moving around all night, regardless of whether other dogs or people move.
- d. Oddly, whenever I awaken the dog is always awake.
- e. I don't know.

8. How does your dog typically rouse from sleep?

- a. Smoothly, without fuss
- b. Occasionally startles awake

- c. Almost always startles or suddenly rouses
- d. Awakens with growling, snapping or barking

## Separation Anxiety and Noise Phobia/Reactivity Screen

The first set of these questions deals with an “**actual absence**” - the owner actually leaves the house and the dog is either alone or totally without the owner. The second set deals with “**virtual absence**” - the owner 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.
- If **YES**:
  - o 100% of the time = **always**
  - o < 100% of the time, but > 60 % = **more often than not**
  - o 40-60% of the time = **about equally**
  - o 0% of the time <40% = **less often than not**

### Behaviours during an ACTUAL absence

Behaviour	Yes	Don't Know	No
1. Destructive behaviour when separated from owner	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
2. Urination when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
3. Defecation when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
4. Vocalization when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
5. Salivation when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
6. Panting when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>

7. If the answer is YES for any of the above responses, what is the timing of the onset of behaviours (if known)?

- Within 5 minutes
- More than 5 minutes, but less than 30 minutes
- More than 30 minutes, but less than one hour
- More than 1 hour, but less than 3 hours
- Only after several hours

**Behaviours during a VIRTUAL absence**

Behaviour	Yes	Don't Know	No
8. Destructive behaviour when separated from owner	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
9. Urination when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
10. Defecation when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
11. Vocalization when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
12. Salivation when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>
13. Panting when separated from owner.	<input type="checkbox"/> 100% of the time <input type="checkbox"/> <100% but >60% <input type="checkbox"/> 40-60% of the time <input type="checkbox"/> >0% but <40%	<input type="checkbox"/>	<input type="checkbox"/>

14. If the answer is YES for any of the above responses, what is the timing of the onset of behaviours (if known)?

- Within 5 minutes
- More than 5 minutes, but less than 30 minutes
- More than 30 minutes, but less than one hour
- More than 1 hour, but less than 3 hours
- Only after several hours

**Reactions to Noise**

Behaviour	Yes	Don't Know	No
<p>1. Reaction during <b>thunderstorms</b>.</p> <p>Type of response – please check all that apply:</p> <p><input type="checkbox"/> Salivate                      <input type="checkbox"/> Tremble</p> <p><input type="checkbox"/> Defecate                      <input type="checkbox"/> Destroy</p> <p><input type="checkbox"/> Urinate                         <input type="checkbox"/> Freeze</p> <p><input type="checkbox"/> Escape                         <input type="checkbox"/> Will not eat</p> <p><input type="checkbox"/> Pant                             food/treats</p> <p><input type="checkbox"/> Vocalize (bark, whine, growl, howl)   <input type="checkbox"/> Pupil dilation</p> <p><input type="checkbox"/> Hide                             <input type="checkbox"/> Pace</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> 100% of the time</p> <p><input type="checkbox"/> &lt;100% but &gt;60%</p> <p><input type="checkbox"/> 40-60% of the time</p> <p><input type="checkbox"/> &gt;0% but &lt;40%</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>2. Reaction to <b>fireworks</b>:</p> <p>Type of response – please check all that apply:</p> <p><input type="checkbox"/> Salivate                      <input type="checkbox"/> Tremble</p> <p><input type="checkbox"/> Defecate                      <input type="checkbox"/> Destroy</p> <p><input type="checkbox"/> Urinate                         <input type="checkbox"/> Freeze</p> <p><input type="checkbox"/> Escape                         <input type="checkbox"/> Will not eat</p> <p><input type="checkbox"/> Pant                             food/treats</p> <p><input type="checkbox"/> Vocalize (bark, whine, growl, howl)   <input type="checkbox"/> Pupil dilation</p> <p><input type="checkbox"/> Hide                             <input type="checkbox"/> Pace</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> 100% of the time</p> <p><input type="checkbox"/> &lt;100% but &gt;60%</p> <p><input type="checkbox"/> 40-60% of the time</p> <p><input type="checkbox"/> &gt;0% but &lt;40%</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>3. Reaction to <b>gunshots</b></p> <p>Type of response – please check all that apply:</p> <p><input type="checkbox"/> Salivate                      <input type="checkbox"/> Tremble</p> <p><input type="checkbox"/> Defecate                      <input type="checkbox"/> Destroy</p> <p><input type="checkbox"/> Urinate                         <input type="checkbox"/> Freeze</p> <p><input type="checkbox"/> Escape                         <input type="checkbox"/> Will not eat</p> <p><input type="checkbox"/> Pant                             food/treats</p> <p><input type="checkbox"/> Vocalize (bark, whine, growl, howl)   <input type="checkbox"/> Pupil dilation</p> <p><input type="checkbox"/> Hide                             <input type="checkbox"/> Pace</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> 100% of the time</p> <p><input type="checkbox"/> &lt;100% but &gt;60%</p> <p><input type="checkbox"/> 40-60% of the time</p> <p><input type="checkbox"/> &gt;0% but &lt;40%</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>



<p>4. Reaction to <b>other noises</b></p> <p>Type(s) of noise(s) (vacuum cleaners, leaf blowers, weed whackers, dump trucks, sirens, alarm systems, etc.):</p> <hr/> <p>Type of response – please check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Salivate</td> <td><input type="checkbox"/> Tremble</td> </tr> <tr> <td><input type="checkbox"/> Defecate</td> <td><input type="checkbox"/> Destroy</td> </tr> <tr> <td><input type="checkbox"/> Urinate</td> <td><input type="checkbox"/> Freeze</td> </tr> <tr> <td><input type="checkbox"/> Escape</td> <td><input type="checkbox"/> Will not eat</td> </tr> <tr> <td><input type="checkbox"/> Pant</td> <td><input type="checkbox"/> food/treats</td> </tr> <tr> <td><input type="checkbox"/> Vocalize (bark, whine, growl, howl)</td> <td><input type="checkbox"/> Pupil dilation</td> </tr> <tr> <td><input type="checkbox"/> Hide</td> <td><input type="checkbox"/> Pace</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other:</td> </tr> </table> <hr/>	<input type="checkbox"/> Salivate	<input type="checkbox"/> Tremble	<input type="checkbox"/> Defecate	<input type="checkbox"/> Destroy	<input type="checkbox"/> Urinate	<input type="checkbox"/> Freeze	<input type="checkbox"/> Escape	<input type="checkbox"/> Will not eat	<input type="checkbox"/> Pant	<input type="checkbox"/> food/treats	<input type="checkbox"/> Vocalize (bark, whine, growl, howl)	<input type="checkbox"/> Pupil dilation	<input type="checkbox"/> Hide	<input type="checkbox"/> Pace		<input type="checkbox"/> Other:	<table border="0"> <tr> <td><input type="checkbox"/> 100% of the time</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> &lt;100% but &gt;60%</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 40-60% of the time</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> &gt;0% but &lt;40%</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 100% of the time			<input type="checkbox"/> <100% but >60%			<input type="checkbox"/> 40-60% of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> >0% but <40%				
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<input type="checkbox"/> 40-60% of the time	<input type="checkbox"/>	<input type="checkbox"/>																													
<input type="checkbox"/> >0% but <40%																															
<p>5. How frequently in terms of <i>weeks</i> do noise events such as thunder, fireworks, or gunshots occur in the dog's environment?</p> <table border="0"> <tr> <td><input type="checkbox"/> Never – 0%</td> <td><input type="checkbox"/> Occasionally – &gt;0% but &lt;50% (once a month or so)</td> <td><input type="checkbox"/> Regularly – 50% but &lt;100% (a few times a month)</td> <td><input type="checkbox"/> Frequently – 100% (at least multiple times a week)</td> </tr> </table>				<input type="checkbox"/> Never – 0%	<input type="checkbox"/> Occasionally – >0% but <50% (once a month or so)	<input type="checkbox"/> Regularly – 50% but <100% (a few times a month)	<input type="checkbox"/> Frequently – 100% (at least multiple times a week)																								
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<p>6. Has this dog ever been treated for noise sensitivities or phobias? If so, with what, please?</p>																															
<p>7. Does your dog react to other aspects of storms?</p> <table border="0"> <tr> <td>a. Wind</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Uncertain</td> </tr> <tr> <td>b. Darkness</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Uncertain</td> </tr> <tr> <td>c. Ozone</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Uncertain</td> </tr> <tr> <td>d. Barometric pressure</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Uncertain</td> </tr> <tr> <td>e. Rain</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Uncertain</td> </tr> <tr> <td>f. Other:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Uncertain</td> </tr> </table>				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	f. Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain				
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**E. If you chose the category “WD/withdraw/avoid” for any of the behavioural scenarios listed in table 1, please tell us which, if any, of the behaviours listed your dog also exhibits when he or she withdraws. If the dog does no additional behaviors except withdraw or avoid, please do NONE. You ONLY need to complete the question numbers for which you have already checked WD in the above questionnaire. This one should be quick to complete.**

The choices for the tick sheet answers are as follow:





	SAL	DEF	URI	DES	ESC	VOC	PAC	FRE	PAN	TRE	LOW	NONE
46. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Playing with 5-7-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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Playing with 8-11-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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Playing with 12-16-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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### 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 2 types of questions. The first set focuses on general, global approaches recommend. 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!

**Table 1:** Global, general approaches recommended

	<b>Suggested?</b>	<b>By whom?</b>	<b>Attempted?</b>	<b>Outcome?</b>
1. Obedience class				
2. Private trainer				
3. Send to shelter				
4. Place in another home				
5. Take to a board certified specialist (DACVB)				
6. Agility trainer				
7. Consult your veterinarian				
8. Consult a non-veterinary behaviourist				

9. Make into a working dog (e.g. hunting, guard, sheep herding etc.)				
10. Other (please tell us what, specifically):				

**Table 2:** It's helpful if we know what treatments, tricks or strategies clients have tried or have had recommended to them to alter their dogs' behaviours or to help shape better behaviours. Please tick 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. Please remember that you may have chosen *not* to try something that was suggested. You may also have tried something that was not suggested. We are interested in knowing what people have specifically done to intervene in their dog's behaviours, so please let us know what else you tried and how it worked in the space at the bottom of the form. Some of you will be very distressed by some of the suggested interventions on this form. All of these strategies have been mentioned as attempted by at least 1 client since 1990. One of our jobs is to educate about risks and benefits of interventions so we keep a list of what was done...even if it's distressing to know about some of these events.

	Suggested?	By whom?	Attempted?	Outcome?
1. Stare at or "stare down"				
2. Grab by jowls and shake				
3. Get an additional dog as a companion for this one				
4. Step on leash or choke collar and force down				
5. Blow in nose or face				

6. Buy different types of dog toys (ex: Kongs, etc.)				
7. Metal choke collar				
8. Prong collar				
9. Halti, Gentle Leader, or any other head collar (please tell us which one)				
10. Harness				
11. No pull or Sporn Harness				
12. Martingale collar				
13. Scruffy Guider				

14. Fabric choke collar				
15. Electronic or shock collar controlled by owner				
16. Electronic or shock collar controlled by trainer				
17. Electronic or shock collar - remote control or bark activated				
18. Citronella or spray collar				
19. Citronella spray - remote				
20. Throw a tin or can of pennies				
21. Water pistol				

22. Whistle				
23. Foghorn				
24. Hit dog with hand				
25. Use a blow torch				
26. Hit dog with empty plastic soda bottle				
27. Hit dog with whiffle ball bat				
28. Hit dog with leash				
29. Hit dog with chain				

30. Hit dog with board, plank, or baseball bat				
31. Hit dog under chin				
32. Step on dog's toes				
33. Knee dog in chest/belly				
34. Kick dog				
35. Bite dog				
36. "Alpha roll" (hold spread eagle on back)				
37. "Dominance down" (hold down on side, legs extended, head flat)				

38. Growl at dog				
39. Yell or scream at dog				
40. Long down				
41. Sit and wait				
42. "Time out" (if you do this let us know where an how, and for how long"				
43. Praise for good behaviour				
44. Crate				
45. Kennel outdoors				

46. Fenced yard				
47. Invisible fence				
48. Isolate somewhere in house (if you do this, please let us know where and for how long)				
49. Board at vet's or kennel (which, please)				
50. Use whip on dog				
51. Chain				
52. Cattle prod				



53. "String up" or hang by leash and collar - all 4 feet off ground				
54. "String up" or hang by leash and collar - only front feet off ground				
55. Pop and jerk leash				
56. Yank or pull-on leash				
57. Tie up - physically				
58. Tie out or stake on very short lead hooked to wall or floor				
59. Muzzle				
60. Increase exercise				

61. Increase play				
62. Give treats for good behaviour				
63. Deprive of food				
64. Throw against wall				
65. Beat with your fists				
66. Shove dog's nose / face into urine, feces, or destruction				
67. use scat mats or other electronic avoidance systems				
68. Is anything else that was recommended or tried?				

If your dog has no ritualistic/stereotypic/repeated behaviours (possibly indicative of obsessive-compulsive disorder) AND your dog is not older, then you are finished with this questionnaire! Thank you. Otherwise, please see the 2 continuing questionnaires.

**Stereotypic and Ritualistic Behaviours History – For Selected Dogs, ONLY**

This section of the history form is to be completed **only** if your dog is showing any repetitive, ritualistic behaviours **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. Feel free to go on to the last form to see if it applies to your dog.*

This first section focuses on a ***description and categorization*** of your dog’s behaviour(s).

<p>Which of the following categories below fits your dog’s behaviour?          Check as many categories that apply to the dog’s behaviour. Then check the best description that relates to the selected behaviour.</p>	
<input type="checkbox"/> Grooming	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chewing self</li> <li><input type="checkbox"/> Licking self</li> <li><input type="checkbox"/> Barbering/trimming hair on self</li> <li><input type="checkbox"/> Sucking self</li> <li><input type="checkbox"/> Biting self</li> <li><input type="checkbox"/> Plucking hair from self</li> <li><input type="checkbox"/> Continuously doing any of these behaviours to <i>another individual</i>.</li> </ul> <p>Please elaborate:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Other, please explain: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Hallucinatory	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staring and attending to things that are not there</li> <li><input type="checkbox"/> Tracking things that are not there</li> <li><input type="checkbox"/> Pouncing on or attacking things that are not there</li> <li><input type="checkbox"/> Other, please explain:</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Consumptive	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consuming rocks</li> <li><input type="checkbox"/> Consuming dirt or soil</li> <li><input type="checkbox"/> Consuming other objects</li> <li><input type="checkbox"/> Eating, licking, sucking or chewing wool or fabric, rugs, furniture, etc.</li> <li><input type="checkbox"/> Licking or gulping air</li> <li><input type="checkbox"/> Other, please explain:</li> </ul> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<input type="checkbox"/> Locomotory	<input type="checkbox"/> Circling / spinning <input type="checkbox"/> Tail-chasing <input type="checkbox"/> Freezing <input type="checkbox"/> Other, please explain: <input style="width: 100%; height: 15px;" type="text"/>
<input type="checkbox"/> Vocalization	<input type="checkbox"/> Rhythmic barking <input type="checkbox"/> Howling <input type="checkbox"/> Growling <input type="checkbox"/> Other, please explain: <input style="width: 100%; height: 15px;" type="text"/>

This next section focuses on **patterns** of behaviours. Please indicate the appropriate answer (YES/NO/UNCERTAIN) for each of the following questions. If you are positive that you know the pattern – YES/NO – please say so, but if you are unsure, please tell us you don't know by choosing UNCERTAIN. This helps us to avoid mistakes. Please feel free to add any information that you think might be helpful.

	Yes	No	Uncertain
1. Was there a change in the household or an event associated with the development of the behaviour?	<i>If yes, please describe in detail:</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any time of day when the behaviour seems more or less intense?	<i>If so, please describe in detail what is usually going on at that time of day:</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a person or another pet in the presence of whom the behaviour seems more intense?	<i>If yes, who is this and what is their association to the pet?</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the dog respond to its name or seem aware of its surroundings while in the midst of the behaviour?	<i>If yes, please describe in detail:</i>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Yes</b>	<b>No</b>	<b>Uncertain</b>
5. Is the dog aware that you are calling him/her?	<i>If yes, how can you tell?</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you convince the dog to stop the behaviour by:	<input type="checkbox"/> <i>Calling him or her?</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <i>Using physical restraint?</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there things (i.e. noises, treats, toys) – if any – will interrupt the behaviour once it has started?	<i>If yes, please describe in detail/list the items:</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a location in which the dog prefers to perform the behaviour?	<i>If yes, where?</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. If your dog ingests objects, specifically, what types of objects are consumed. Be as specific as possible – what type of rug or sweater fabric? We ask this because the pattern matters.	<i>If yes, please describe in detail:</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any event or behaviour routinely occur immediately before the behaviour begins?	<i>If yes, what?</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does any event or behaviour routinely occur immediately after the behaviour ceases?	<i>If yes, what?</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the dog's general behaviour changed in any way since the onset of the atypical behaviour (i.e. the dog is more or less aloof, aggressive, withdrawn, playful etc.)?	<i>If yes, please specify?</i>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Uncertain
13. Has the dog's diet recently been changed?	<i>If yes, what -specifically – was the change?</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. How old was your dog when this ritualistic behaviour began?	<i>Age in months:</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Did anyone else in the dog's family exhibit these or similar behaviours?	<i>If yes, please list:</i>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a pattern to the behaviour? What are the duration, frequency, characteristics of the events themselves?	<i>Duration (days/weeks/months):</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Pattern (after meals, in AM, etc. – please specify):</i> _____		

Finally, familial patterns of this condition have been documented so if you can provide a pedigree for this dog, it would be extremely helpful and informative. If you are able to provide a pedigree please label the dogs in it with the following code:

KA – known affected

KU – known unaffected

TA – tentatively or possibly affected

TU – tentatively or possibly unaffected

AO – affected with another behavioural problem

Any blank dogs will be assumed to have no known behavioural information.

For this condition, affected relatives do not have to have the same form of the condition to be considered affected. In other words, some dogs may suck themselves whereas others follow fences or chase their tails. If you know what any other affected dogs do, please let us know.

I am attaching a pedigree for this dog.

There is a pedigree available for this dog but it is not attached.

No pedigree is available for this dog.

Thank you for your help in providing as much information as possible.

## Questionnaire to Evaluation Behaviours of Old Dogs – For Selected Dogs, ONLY

This section of the history form is to be completed **only** if your dog is older (> 5 or 6 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.

### Behaviour screen for age associated changes:

#### 1. Locomotory/ambulatory assessment (**tick only 1**)

- No alterations or debilities noted
- Modest slowness associated with aging from youth to adult
- Moderate slowness associated with aging
- Moderate slowness associated with aging plus alteration or debility in gait (e.g., limps, occasionally trips)
- Moderate slowness associated with 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 or need a support harness)
- 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 tick more than 1**)

- 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 when offered, dropped or in dish
- Change in interest in food (may be olfactory, having to do with the 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 function (**tick only 1 in each category**)

Changes in frequencies and “accidents”

- 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, **with** “accidents”

Bladder control

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, but urinates in inappropriate or undesirable location

No change in urination control or behaviour

Bowel control – please select the appropriate answer for the description you choose

Defecates when asleep

a.  Formed stool

b.  Diarrhea

c.  Mixed

Defecates without apparent awareness

a.  Formed stool

b.  Diarrhea

c.  Mixed

Defecates when awake and aware of action, but in inappropriate or undesirable locations

a.  Formed stool

b.  Diarrhea

c.  Mixed

No change in bowel control

4. Visual acuity - how well does the client think the dog sees? (**tick only 1**)

Some change in acuity dependent on ambient light conditions

Some change in acuity **not** dependent on ambient light conditions

Extreme change in acuity dependent on ambient light conditions

Extreme change in acuity **not** dependent on ambient light conditions

Blind

5. Auditory acuity – how well does the client think the dog hears (**tick only 1**)

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

6. Play interactions - if the dog plays with **toys** (other pets are addressed later), which situation best describes that play? (tick **only 1**)

- 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
- This dog has never played with toys

7. Interactions with humans - which situation best describes that interaction? (tick **only 1**)

- 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
- This dog has never really interacted with people

8. Interactions with other pets - which situation best describes that interaction? (tick **only 1**)

- 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
- This dog has never really interacted with other dogs or cats

9. Changes in sleep / wake cycle (tick **only 1**)

- No changes in sleep patterns
- Sleeps more in day, only
- Some change - awakens at night and sleeps more in day
- Much change - profoundly erratic nighttime and daytime sleep patterns with lots of nighttime activity or restlessness
- Sleeps virtually all day, awake occasionally at night
- Sleeps almost around the clock

10. How often does your dog pace up and down, walk in circles and/or wander with no direction or purpose?

- Never
- Once a month
- Once a week
- Once a day
- More than once a day

11. How often does your dog stare blankly at the walls or floor?

- Never
- Once a month
- Once a week
- Once a day
- More than once a day

12. How often does your dog get stuck behind objects and is unable to get around?

- Never
- Once a month
- Once a week
- Once a day
- More than once a day

13. How often does your dog fail to recognize familiar people or pets?

- Never
- Once a month
- Once a week
- Once a day
- More than once a day

14. How often does your dog walk into walls or doors?

- Never
- Once a month
- Once a week
- Once a day
- More than once a day

15. How often does your dog walk away from or avoid being petted or other loving attention that they have been known to enjoy?

- Never
- Once a month
- Once a week
- Once a day
- More than once a day

16. Has your dog changed in the way he/she behaves with humans, dogs or cats? Please tell us about any changes. Things in which we are especially interested are a change (increase or decrease – please tell us which) in avoidance, aggression, fear, withdrawal, approach or any other component of social interaction.

17. Is there anything else you think we should know? If you think you have observed something interesting – even if you don't understand it – please tell us. THANK YOU!