Basic history questionnaire—Dogs

The questionnaire that follows focuses on all aspects of your dog's behavior and health issues that could contribute to any behavioral concerns. 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: _____

www.pet-slimmers.com/shapedog.htm
www.purina.com/dog/weight-and-exercise/bodycondition.aspx

Please complete the pages below as accurately as possible.

1. Pet's name	
2. Owner/client's name	
3. Kennel name (if applicable)	
4. Owner's address	
5. Owner's home phone number	
6. Owner's office phone number	
7. Owner's fax number	
8. Owner's e-mail address	
9. Breed of dog	
10. Sex of dog	
11. Has this dog been neutered?	☐ Yes ☐ No
12. How old, in months, was the dog when neutered?	_____ months
13. What was the reason for neutering?	
14. Any behavioral changes after neutering?	☐ Yes ☐ No If yes, what?
15. Has this dog been bred?	☐ Yes ☐ No
16. If you have not yet bred this dog, do you plan on breeding him or her?	☐ Yes ☐ No
17. Any behavioral changes after breeding?	☐ Yes ☐ No If yes, what?
18. Describe your dog's coat color	
19. Dog's date of birth	Day: _____ Month: _____Year:_____
20. Dog's age at completion of this questionnaire, in months	_____ months
21. How old was your pet when you first acquired him or her, in months?	_____ months
22. Has this pet had other owners?	☐ Yes ☐ No If so, how many? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐ Unknown Why was pet given up?
23. How long have you had this dog, in months?	_____ months

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24. Where did you get this pet?	a. Stray/found b. Breeder—serious show/performance breeder c. Breeder—backyard breeder d. SPCA/Humane shelter e. Breed rescue service f. Newspaper adoption ad (not breeder) g. Pet store h. Friend i. Other (Please explain)
25. Why did you get this dog?	
26. When was your dog last vaccinated?	
27. When was your last complete veterinary check up?	
28. Does this dog have any physical problems that your veterinarian has noted?	☐ Yes ☐ No If so, what specifically?
29. Is your dog taking any medication for any of the medical problems discussed above?	☐ Yes ☐ No If so, what specifically?
30. Is your dog taking heartworm preventative?	☐ Yes ☐ No If so, brand:
31. Is your dog taking flea or tick preventative?	☐ Yes ☐ No If so, brand:
32. What food (brand names, amounts, and schedules) is your dog fed?	
33. What treats does your dog get (brand names, amounts, and schedules)	
34. Does your dog get anything else to eat?	☐ Yes ☐ No If so, what specifically?
35. How is your dog exercised/maintained?	This dog is (please check all that apply): ☐ a. Allowed to run free, unsupervised ☐ b. Fenced/kenneled/run ☐ c. Leash walked ☐ d. Outside, unleashed but supervised ☐ e. Indoors only ☐ f. Outdoors only
36. How many walks does your dog get daily, and how long are these walks?	# walks _____ Average length in minutes_____
37. How many play sessions does your dog get daily?	
38. How many training sessions does your dog get daily?	
39. How often is your dog groomed?	
40. How is your dog kept when you leave him or her alone?	☐ a. free in house ☐ b. free outdoors ☐ c. indoor kennel/run ☐ d. outdoor kennel/run ☐ e. crate indoors ☐ f. crate outdoors or garage ☐ g. behind a gate or door in house ☐ h. other (please specify)

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41. What percentage of the 24 h day does your pet spend inside?	_____ % inside
42. What percentage of the day does your pet spend outside?	_____ % outside
43. What kind of a living situation do you have?	☐ a. Apartment ☐ b. Townhouse/condominium ☐ c. House with small yard ☐ d. House with large yard ☐ e. Farm
44. Has your household changed since acquiring this pet?	☐ Yes ☐ No If so, how? ☐ a. Death of human in family ☐ b. Death of pet in family ☐ c. Divorce ☐ d. Marriage ☐ e. Baby born ☐ f. Child moved ☐ g. Pet added ☐ h. Family moved ☐ i. Family schedule changed (lost or gained jobs) ☐ j. Other
45. Do you know how many animals were in this pet's litter?	☐ Yes ☐ No # _____ females # _____ males
46. Are any litter mates affected with any **medical** problems?	☐ Yes ☐ No
47. Are any litter mates affected with any **behavioral** problems?	☐ Yes ☐ No ☐ Don't know If yes, what specifically?
48. Why did you choose **this specific animal** from the litter?	
49. Why did you choose **this specific breed**?	
50. Have you owned this particular breed before?	☐ Yes ☐ No
51. Have you owned pets before?	☐ Yes ☐ No
52. Have you owned dogs before?	☐ Yes ☐ No
53. Have you owned cats before?	☐ Yes ☐ No
54. Have you owned birds before?	☐ Yes ☐ No
55. Where does your pet sleep? (Please check all that apply; we know pets move at night.)	☐ a. In or on your bed ☐ b. On his/her own bed in your bedroom ☐ c. In a crate in your bedroom ☐ d. On a bed in another room ☐ e. In a crate in another room ☐ f. On the floor next to your bed ☐ g. In another room, voluntarily, anywhere he or she wants ☐ h. In another room, because he/she is locked from your bedroom ☐ i. Anywhere he/she wants
56. What is your dog's obedience school/training history?:	☐ a. No school—trained yourself ☐ b. Puppy kindergarden ☐ c. Group lessons—basic ☐ d. Group lessons—advanced ☐ e. Private trainer at house ☐ f. Private trainer—sent to trainer ☐ g. Agility ☐ h. Flyball ☐ i. Specialty training (hunting, herding, et cetera); please specify

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57. Age when dog started lessons/training in months:	_____months
58. How did the dog do in obedience school/training?	
59. Who took the dog to training?	
60. Does the dog have any obedience titles?	☐ Yes ☐ No

61. How well does this dog do with the following cues/ "commands"/requests?

	Perfect	OK, needs work	Badly
a. Sit			
b. Stay			
c. Down/lie down			
d. Wait			
e. Heel			
f. Fetch			
g. Leave it/drop it			
h. Take it			
i. Other (please specify)			

62. Please list the people, including yourself, currently living in the household now.

NAME	SEX	AGE	RELATIONSHIP (Self, husband, wife, mother-in-law, etc.)	OCCUPATION
1.			SELF *	
2.				
3.				
4.				
5.				
6.				
7.				

* Self means the person completing questionnaire.

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

Name	Order obtained	Breed	Sex: M MC F FS	Age obtained in months	Age now in months	Any medical illness?	Any behavioral illness?
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes ☐ No	☐ Yes ☐ No

64. If any of these pets have been identified as having a medical problem, please specify what the problem is:

_____

65. If any of these pets have been identified as having a behavioral problem, please specify what the problem is:

_____

66. 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? _____

_____

_____

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

_____

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68. 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.

Complaint #	Specific complaint/problem	Very Serious?	Serious?	Not serious?
1				
2				
3				
4				
5				

For the complaints numbered above, please estimate the frequency of occurrence of the undesirable behavior:

Complaint 1: ☐ Daily ☐ Weekly ☐ Monthly Percent of time that animal is in situation and during which undesirable behavior occurs: ☐ Less than 25% ☐ 25%-50% ☐ 51%-75% ☐ 76%-100%	**Complaint 2:** ☐ Daily ☐ Weekly ☐ Monthly Percent of time that animal is in situation and during which undesirable behavior occurs: ☐ Less than 25% ☐ 25%-50% ☐ 51%-75% ☐ 76%-100%
Complaint 3: ☐ Daily ☐ Weekly ☐ Monthly Percent of time that animal is in situation and during which undesirable behavior occurs: ☐ Less than 25% ☐ 25%-50% ☐ 51%-75% ☐ 76%-100%	**Complaint 4:** ☐ Daily ☐ Weekly ☐ Monthly Percent of time that animal is in situation and during which undesirable behavior occurs: ☐ Less than 25% ☐ 25%-50% ☐ 51%-75% ☐ 76%-100%
Complaint 5: ☐ Daily ☐ Weekly ☐ Monthly Percent of time that animal is in situation and during which undesirable behavior occurs: ☐ Less than 25% ☐ 25%-50% ☐ 51%-75% ☐ 76%-100%	

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

70. Are you concerned that you may have caused the problem? ☐ Yes ☐ No
71. Do you feel guilty about this problem? ☐ Yes ☐ No
72. Have you considered finding another home for this pet? ☐ Yes ☐ No
73. Have you considered euthanasia (putting your pet to sleep)? ☐ Yes ☐ No

On the issue of biting:

74. How many total bites has your dog inflicted on any **human**? 0 1 2 3 4 5 >5
75. How many bites to **humans** broke the skin? 0 1 2 3 4 5 >5
76. How many bites to **humans** were reported, and to whom?
(i.e., local authorities, hospital, humane society, etc.) Number reported: 0 1 2 3 4 5 >5
Reported to:

77. Was there legal action taken as a result of any bite to **humans**? ☐ Yes ☐ No
78. How many total bites has your dog inflicted on any **dog**? 0 1 2 3 4 5 >5
79. How many bites to **dogs** broke the skin? 0 1 2 3 4 5 >5
80. How many bites to **dogs** were reported, and to whom?
(i.e., local authorities, hospital, Humane Society, et cetera.) Number reported: 0 1 2 3 4 5 >5
Reported to:

81. Was there legal action taken as a result of any bite to **dogs**? ☐ Yes ☐ No
82. Has the frequency or the intensity of the occurrence of the behavior changed since the problem started? ☐ Yes ☐ No
If so, how and when?

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

84. Duration of problem: _____ days _____ months _____ years

85. Age of animal when first began showing signs of the problem: _____

86. Do you know if the **parents** engage in **similar behaviors** as presented animal?

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

If so, what behaviors were exhibited by whom?

87. Does the client know if any **littermates** are engaging in same behaviors?

☐ Don't know ☐ No, they aren't ☐ Yes, they are

If so, what behaviors were exhibited by whom?

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

☐ Yes ☐ No ☐ I don't know

Separation anxiety and noise phobia/reactivity screen

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.

IF **YES**:

- 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

Behaviors during an **ACTUAL absence**

BEHAVIOR	YES	DON'T KNOW	NO
1. Destructive behavior when separated from client.	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
2. Urination when separated from client.	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
3. Defecation when separated from client.	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
4. Vocalization when separated from client.	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
5. Salivation when separated from client.	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
6. Panting when separated from client.	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		

7. If the answer is YES for any of the above responses, what is the timing of the onset of behaviors (if known)?
   a. ☐ Within 5 minutes
   b. ☐ More than 5 minutes, but less than 30 minutes
   c. ☐ More than 30 minutes, but less than 1 hour
   d. ☐ More than 1 hour, but less than 3 hours
   e. ☐ Only after several hours

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Behaviors during a **VIRTUAL absence**

BEHAVIOR	YES	DON'T KNOW	NO
8. Destructive behavior when separated from client	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
9. Urination when separated from client	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
10. Defecation when separated from client	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
11. Vocalization when separated from client	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
12. Salivation when separated from client	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
13. Panting when separated from client	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
14. If the answer is YES for any of the above responses, what is the timing of the onset of behaviors (if known)? a. ☐ Within 5 minutes b. ☐ More than 5 minutes, but less than 30 minutes c. ☐ More than 30 minutes, but less than 1 hour d. ☐ More than 1 hour, but less than 3 hours e. ☐ Only after several hours			

Reactions to noise

BEHAVIOR	YES	DON'T KNOW	NO
1. Reaction during thunderstorms. Type of response—please check all that apply: ☐ Salivate ☐ Hide ☐ Defecate ☐ Tremble ☐ Urinate ☐ Destroy ☐ Escape ☐ Freeze ☐ Pant ☐ Will not eat food/treats ☐ Pace ☐ Pupil dilation ☐ Vocalize (bark, whine, growl, howl)	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
2. Reaction to fireworks. Type of response—please check all that apply: ☐ Salivate ☐ Hide ☐ Defecate ☐ Tremble ☐ Urinate ☐ Destroy ☐ Escape ☐ Freeze ☐ Pant ☐ Will not eat food/treats ☐ Pace ☐ Pupil dilation ☐ Vocalize (bark, whine, growl, howl)	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		
3. Reaction to gunshots. Type of response—please check all that apply: ☐ Salivate ☐ Hide ☐ Defecate ☐ Tremble ☐ Urinate ☐ Destroy ☐ Escape ☐ Freeze ☐ Pant ☐ Will not eat food/treats ☐ Pace ☐ Pupil dilation ☐ Vocalize (bark, whine, growl, howl)	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		

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BEHAVIOR	YES	DON'T KNOW	NO
4. Reaction to **other noises.** Type(s) of noise(s) (vacuum cleaners, leaf blowers, weed whackers, dump trucks, sirens, alarm systems, etc.): Type of response—please check all that apply: ☐ Salivate ☐ Hide ☐ Defecate ☐ Tremble ☐ Urinate ☐ Destroy ☐ Escape ☐ Freeze ☐ Pant ☐ Will not eat food/treats ☐ Pace ☐ Pupil dilation ☐ Vocalize (bark, whine, growl, howl)	☐ 100% of the time ☐ <100% but > 60% ☐ 40%-60% of the time ☐ > 0% but < 40%		

5. How frequently in terms of *weeks* do noise events such as thunder, fireworks, or gunshots occur in the dog's environment?

a. Never	b. Occasionally	c. Regularly	d. Frequently
0%	> 0% but < 50%	50% but < 100%	100%
	Once a week or so	A few times a week	At least multiple times a week

6. Has this dog ever been treated for noise sensitivities or phobias? If so, with what, please?

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

a. Wind	☐ Yes	☐ No	☐ Uncertain
b. Darkness	☐ Yes	☐ No	☐ Uncertain
c. Ozone	☐ Yes	☐ No	☐ Uncertain
d. Barometric pressure	☐ Yes	☐ No	☐ Uncertain
e. Rain	☐ Yes	☐ No	☐ Uncertain

Aggression screen

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:
(1) To note the presence or absence, at any time, of any of the behaviors
(2) 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)
(3) 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
1. Take dog's food dish with food									
2. Take dog's empty food dish									
3. Take dog's water dish									
4. Take food (human) that falls on floor									
5. Take rawhide									
6. Take real bone									
7. Take biscuit									
8. Take toy									
9. Human approaches dog while eating									
10. Dog approaches dog while eating									
11. Human approaches dog while playing with toys									
12. Dog approaches dog while playing with toys									
13. Human approaches/disturbs dog while sleeping									
14. Dog approaches/disturbs dog while sleeping									
15. Step over dog									
16. Push dog off bed/couch									
17. Reach toward dog									

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NR	S	L	B	G	SP	BT	WD	NA
18. Reach over head								
19. Put on leash								
20. Push on shoulders								
21. Push on rump								
22. Towel feet when wet								
23. Bathe dog								
24. Groom dog's head								
25. Groom dog's body								
26. Stare at								
27. Take muzzle in hands and shake								
28. Push dog over onto back								
29. Stranger knocks on door								
30. Stranger enters room								
31. Dog in car at toll booth								
32. Dog in car at gas station								
33. Dog on leash approached by dog on street								
34. Dog on leash approached by person on street								
35. Dog in yard—person passes								
36. Dog in yard—dog passes								
37. Dog in vet's office								
38. Dog in boarding kennel								
39. Dog in groomers								
40. Dog yelled at								
41. Dog corrected with leash								
42. Dog physically punished—hit								
43. Someone raises voice to owner in presence of dog								
44. Someone hugs or touches owner in presence of dog								
45. Squirrels, cats, small animals approach								
46. Bicycles, skateboards								
47. Crying infant								
48. Playing with 2-year-old children								
49. Playing with 5- to 7-year-old children								
50. Playing with 8- to 11-year-old children								
51. Playing with 12- to 16-year-old children								

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!

Table 1: Global, general approaches recommended

	Suggested ° = Yes	By whom	Attempted ° = Yes	Outcome
1. Obedience class				
2. Private trainer				
3. Send to a shelter				
4. Place in another home				
5. Kill or euthanize				

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	Suggested ° = Yes	By whom	Attempted ° = Yes	Outcome
6. Take to board certified behaviorist (ACVB)				
7. Agility trainer				
8. Consult your vet				
10. Consult a non-veterinary behavior consultant				
11. Make into working dog (e.g., guard, herding, hunting, etc.)				

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' behaviors or to help shape better behaviors. 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. Alternatively, you may have tried something that was not suggested, so please let us know what this was and the outcome at the bottom of the form.

	Suggested ° = Yes	By whom	Attempted ° = Yes	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 (e.g., Kongs, etc.)				
7. Metal choke collar				
8. Prong collar				
9. Halti, head collar, or Gentle Leader				
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				

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	Suggested ° = Yes	By whom	Attempted ° = Yes	Outcome
18. Citronella collar				
19. Citronella spray				
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 and how, and for how long]				

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	Suggested ° = Yes	By whom	Attempted ° = Yes	Outcome
43. Praise for good behavior				
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 behavior				
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. Calming cap				
69. Thundershirt or Anxiety Wrap				
70. Doggles or eyeshades				

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	Suggested ° = Yes	By whom	Attempted ° = Yes	Outcome
71. Anything else that was recommended or tried?				

Comments?

Stereotypic 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.

This first section focuses on a description and categorization of your dog's behavior(s).

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. If needed, please provide an explanation.	
a. ☐ Grooming	☐ Chewing self ☐ Licking self ☐ Barbering/trimming hair on self ☐ Continuously doing any of these behaviors to *another individual*. Please elaborate: ☐ Other, please explain: ☐ Biting self ☐ Plucking hair from self ☐ Sucking self
b. ☐ Hallucinatory	☐ Staring and attending to things that are not there ☐ Tracking things that are not there ☐ Pouncing on or attacking things that are not there ☐ Other, please explain:
c. ☐ Consumptive	☐ Consuming rocks ☐ Consuming dirt or soil ☐ Consuming other objects ☐ Eating, licking, sucking, or chewing wool or fabric, rugs, furniture, et cetera ☐ Licking or gulping air ☐ Other, please explain:
d. ☐ Locomotory	☐ Circling/spinning ☐ Tail-chasing ☐ Freezing ☐ Other, please explain:
e. ☐ Vocalization	☐ Rhythmic barking ☐ Howling ☐ Growling ☐ Other, please explain:

This next section focuses on *patterns* of behaviors. Please indicate the appropriate answer (YES/NO/UNCERTAIN) for each of the following questions. Please feel free to add any information that you think might be helpful. You can add additional pages if needed.

	YES	NO	UNCERTAIN
2. Was there a change in the household or an event associated with the development of the behavior?	*If yes, please describe in detail.*		
3. Is there any time of day when the behavior seems more or less intense?	*If so, please describe in detail what is usually going on at that time of day.*		*No one is home often enough to know.*
4. Is there a person or another pet in the presence of whom the behavior seems more intense?	*If yes, who is this and what is their association to the pet?*		

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	YES	NO	UNCERTAIN
5. Does the dog respond to its name or seem aware of its surroundings while in the midst of the behavior?			
6. Is the dog aware that you are calling him/her?	*If yes, how can you tell?*		
7. Can you convince the dog to stop the behavior by:			
a. Calling him or her			
b. Using physical restraint			
8. List the kinds of things (i.e., noises, treats, toys), if any, that will interrupt the behavior once it has started.			
9. Is there a location in which the dog prefers to perform the behavior?	*If yes, where?*		
10. For ingestion, list what types of objects are consumed. Be as specific as possible—what type of rug or sweater fabric?			
11. Does any event or behavior routinely occur immediately before the behavior begins?	*If so, what?*		
12. Does any event or behavior routinely occur immediately after the behavior ceases?	*If so, what?*		
13. 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)?	*If so, please specify?*		
14. Has the dog's diet recently been changed?	If so, what specifically was the change?		
15. How old do you think your pet was when its ritualistic behavior began?	Age in months _____		
16. Did anyone else in the dog's family exhibit these or similar behaviors?			
17. Is there a pattern to the behavior? What are the duration, frequency, characteristics of the events themselves?	Duration: Days Weeks Months Pattern: After meals, in AM, et cetera (please specify)		

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 behavioral problem

Any blank dogs will be assumed to have no known behavioral 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.

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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.

Behavior screen for age associated changes:

1. Locomotory/ambulatory assessment (tick **only one**)
   - ☐ a. No alterations or debilities noted
   - ☐ b. Modest slowness associated with change from youth to adult
   - ☐ c. Moderate slowness associated with geriatric aging
   - ☐ d. Moderate slowness associated with geriatric aging plus alteration or debility in gait
   - ☐ e. Moderate slowness associated with geriatric aging plus some loss of function (e.g., cannot climb stairs)
   - ☐ f. Severe slowness associated with extreme loss of function, particularly on slick surfaces (may need to be carried)
   - ☐ g. Severe slowness, extreme loss of function, and decreased willingness or interest in locomoting (spends most of time in bed)
   - ☐ h. Paralysed or refuses to move

2. Appetite assessment (may tick **more** than **one**)
   - ☐ a. No alterations in appetite
   - ☐ b. Change in ability to physically handle food
   - ☐ c. Change in ability to retain food (vomits or regurgitates)
   - ☐ d. Change in ability to find food
   - ☐ e. Change in interest in food (may be olfactory, having to do with the ability to smell)
   - ☐ f. Change in rate of eating
   - ☐ g. Change in completion of eating
   - ☐ h. Change in timing of eating
   - ☐ i. Change in preferred textures

3. Assessment of elimination function (tick **only one** in **each** category)
   - a. Changes in frequencies and "accidents"
     - ☐ 1. No change in frequency and no "accidents"
     - ☐ 2. Increased frequency, no "accidents"
     - ☐ 3. Decreased frequency, no "accidents"
     - ☐ 4. Increased frequency with "accidents"
     - ☐ 5. Decreased frequency with "accidents"
     - ☐ 6. No change in frequency, but "accidents"
   - b. Bladder control
     - ☐ 1. Leaks urine when asleep, only
     - ☐ 2. Leaks urine when awake, only
     - ☐ 3. Leaks urine when awake or asleep
     - ☐ 4. Full-stream, uncontrolled urination when asleep, only
     - ☐ 5. Full-stream, uncontrolled urination when awake, only
     - ☐ 6. Full-stream, uncontrolled urination when awake or asleep
     - ☐ 7. No leakage or uncontrolled urination, all urination controlled, but in inappropriate or undesirable location
     - ☐ 8. No change in urination control or behavior
   - c. Bowel control (Circle appropriate answer, if this occurs, please)
     1. Defecates when asleep

        Formed stool Diarrhea Mixed
     2. Defecates without apparent awareness

        Formed stool Diarrhea Mixed
     3. Defecates when awake and aware of action, but in inappropriate or undesirable locations

        Formed stool Diarrhea Mixed
     4. No changes in bowel control

4. Visual acuity—how well do you think the dog sees? (tick **only one**)
   - ☐ a. No change in visual acuity detected by behavior—appears to see as well as ever
   - ☐ b. Some change in acuity **not** dependent on ambient light conditions
   - ☐ c. Some change in acuity dependent on ambient light conditions
   - ☐ d. Extreme change in acuity **not** dependent on ambient light conditions
   - ☐ e. Extreme change in acuity dependent on ambient light conditions
   - ☐ f. Blind

5. Auditory acuity—how well do you think the dog hears? (tick **only one**)
   - ☐ a. No apparent change in auditory acuity
   - ☐ b. Some decrement in hearing—not responding to sounds to which the dog used to respond
   - ☐ c. Extreme decrement in hearing—have to make sure the dog is paying attention or repeat signals or go get the dog when called
   - ☐ d. Deaf—no response to sounds of any kind

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Questionnaire to evaluate behaviors of old dogs

6. Play interactions—if the dog plays with **toys** (other pets are addressed later), which situation best describes that play? (tick **only one**)
   - ☐ a. No change in play with toys
   - ☐ b. Slightly decreased interest in toys, only
   - ☐ c. Slightly decreased ability to play with toys, only
   - ☐ d. Slightly decreased interest and ability to play with toys
   - ☐ e. Extreme decreased interest in toys, only
   - ☐ f. Extreme decreased ability to play with toys, only
   - ☐ g. Extreme decreased interest and ability to play with toys

7. Interactions with humans—which situation best describes that interaction? (tick **only one**)
   - ☐ a. No change in interaction with people
   - ☐ b. Recognizes people but slightly decreased frequency of interaction
   - ☐ c. Recognizes people but greatly decreased frequency of interaction
   - ☐ d. Withdrawal but recognizes people
   - ☐ e. Does not recognize people

8. Interactions with other pets—which situation best describes that interaction? (tick **only one**)
   - ☐ a. No change in interaction with other pets
   - ☐ b. Recognizes other pets but slightly decreased frequency of interaction
   - ☐ c. Recognizes other pets but greatly decreased frequency of interaction
   - ☐ d. Withdrawal but recognizes other pets
   - ☐ e. Does not recognize other pets
   - ☐ f. No other pets or animal companions in house or social environment

9. Changes in sleep/wake cycle (tick **only one**)
   - ☐ a. No changes in sleep patterns
   - ☐ b. Sleeps more in day, only
   - ☐ c. Some change—awakens at night and sleeps more in day
   - ☐ d. Much change—profoundly erratic nocturnal pattern and irregular daytime pattern
   - ☐ e. Sleeps virtually all day, awake occasionally at night
   - ☐ f. Sleeps almost around the clock

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

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