



Vale Park Animal Hospital

Welcome to Vale Park Animal Hospital. Thank you for taking the time to fill this questionnaire out completely. The information provided will help your consultation appointment be most productive.

Although the information needed is lengthy, it is very important to help solve the behavior concern.

Once you have completed this questionnaire you may either mail it to our office, or drop it off at our office:

Vale Park Animal Hospital
Att: Dr. Randi Olson
2606 Valley Drive
Valparaiso, IN 46383

For your convenience, our lobby is open: Monday – Friday, 7:30 a.m. – 6:00 p.m.;
Saturday, 8:00 a.m. – 1:00 p.m.

Dr. Olson will need this information one week prior to your appointment. Once you have completed this questionnaire, we will be happy to schedule your behavior consultation appointment. *Please telephone: 219-462-5785 to do so.*



Vale Park Animal Hospital

BASIC HISTORY QUESTIONNAIRE I:

1) Pet's Name	
2) Owner/Client's Name	
3) Kennel Name (if applicable)	
4) Owner's Address	
5) Owner's home phone#	
6) Owner's office phone#	
7) Owner's fax#	
8) Owner's e-mail address	
9) Breed of dog	
10) Sex of dog	
11) Has this dog been neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
15) Has this dog been bred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16) Do you plan on breeding him or her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17) Any behavioral changes after breeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?
18) Describe your dogs 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?	<input type="checkbox"/> Yes



	<input type="checkbox"/> No If so, how many? _____ Months
23) How long have you had this dog in months?	
24) Where did you get this pet?	<input type="checkbox"/> Stray/found <input type="checkbox"/> Breeder-serious show/performance <input type="checkbox"/> Breeder – backyard breeder <input type="checkbox"/> SPCA/Humane Shelter <input type="checkbox"/> Breed rescue service <input type="checkbox"/> Newspaper adoption ad (not breeder) <input type="checkbox"/> Pet Store <input type="checkbox"/> Friend <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so what specifically?
29) Is your dog taking any medication for any of the medical problems discussed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so what specifically?
30) Is your dog taking heartworm preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what brand?
31) Is your dog taking flea or tick preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what specifically?



35) How is your dog exercised/maintained?	<p>Is this dog (please check all that apply)</p> <input type="checkbox"/> Allowed to run free, unsupervised <input type="checkbox"/> Fenced/kenned/run <input type="checkbox"/> Leash walked <input type="checkbox"/> Outside, unleashed but supervised <input type="checkbox"/> Indoors only <input type="checkbox"/> Outdoors only
36) How many walks does your dog get daily, and how long are these walks?	# of 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?	<input type="checkbox"/> Free in 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 garage <input type="checkbox"/> Behind a gate or door in house <input type="checkbox"/> Other (please specify)
41) What percentage of the 24 hr day does your pet spend inside?	_____ % inside
42) What percentage of the day does your pet spend outside?	_____ % outside
43) What kind of living situation do you have?	<input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse/condominium <input type="checkbox"/> House with small yard <input type="checkbox"/> House with large yard <input type="checkbox"/> Farm
44) Has your household changed since acquiring this pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how? <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
45) Do you know how many animals were in this pet's litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No # ____ females # ____ males
46) Are any litter mates were/are affected with any medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what specifically?
47) Are any litter mates were/are affected with any behavioral problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51) Have you owned pets before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52) Have you owned dogs before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53) Have you owned cats before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54) Have you owned birds before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55) 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 its own bed in your bedroom <input type="checkbox"/> In its crate in your bedroom <input type="checkbox"/> On its own 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 it wants <input type="checkbox"/> In another room, because it is locked from your bedroom, anywhere it wants
56) What is your dog's obedience school/training history:	<input type="checkbox"/> No school-trained yourself <input type="checkbox"/> Puppy kindergarten <input type="checkbox"/> Group lessons – basic <input type="checkbox"/> Group lessons – advanced <input type="checkbox"/> Private trainer at house <input type="checkbox"/> Private trainer –sent to trainer <input type="checkbox"/> Agility



	<input type="checkbox"/> Fly ball <input type="checkbox"/> Specialty training (hunting, herding, etc); please specify
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 obedience titles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61) How well does this dog do with the following commands/requests?	<input type="checkbox"/> Sit Perfect OK,needs work Badly <input type="checkbox"/> Stay Perfect OK,needs work Badly <input type="checkbox"/> Down / lie down Perfect OK,needs work Badly <input type="checkbox"/> Wait Perfect OK,needs work Badly <input type="checkbox"/> Heel Perfect OK,needs work Badly <input type="checkbox"/> Fetch Perfect OK,needs work Badly <input type="checkbox"/> Leave it / drop it Perfect OK,needs work Badly <input type="checkbox"/> Take it Perfect OK,needs work Badly <input type="checkbox"/> Other (please specify)
	Perfect OK,needs work Badly

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

NAME	SEX	AGE	RELATIONSHIP	OCCUPATION



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

NAME	ORDER OBTAINED	BREED	SEX (M,MC,F,FS)	AGE OBTAINED (MONTHS)	AGE NOW (MONTHS)	ANY MEDICAL ILLNESS?		ANY BEHAVIORAL ILLNESS?	
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N
						Y	N	Y	N



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64) If any of these dogs have been identified as having a medical problem, please specify what the problem is? _____

65) If any of these dogs 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 out and say goodbye? Do you make a fuss, etc?

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

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

% 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

% 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

% 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

% 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

% 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

Regarding 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)

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, etc.)

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?

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?





- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)



90) Defecation when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

91) Vocalization when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

Behaviors during a virtual absence:

92) Salivation when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

93) Destructive behavior when separated from client: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)



- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

94) Urination when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

95) Defecation when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

96) Vocalization when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

97) Salivation when separated from owner: Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)



- >0% of time but <40% (less often than not)

98) Reaction during thunderstorms:

Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

Type of response – please tick all that apply:

- Salivate
- Defecate
- Urinate
- Destroy
- Escape
- Hide
- Tremble
- Vocalize
- Pace

99) Reaction to fireworks:

Y U N

If yes,

- 100% of time (always)
- <100% of time but >60% (more often than not)
- 40-60% of time (about equally)
- >0% of time but <40% (less often than not)

Type of response – please tick all that apply:

- Salivate



Pace



Aggression Screen:

NR = No Reaction, S = Snarl, L=Lift Lip, B=Bark, G=Growl, S=Snap, B=Bite, NA=Not Applicable

	NR	S	L	B	G	S	B	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								
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 raised voice to owner in presence of dog									

Aggression Screen (cont.):

NR = No Reaction, S = Snarl, L=Lift Lip, B=Bark, G=Growl, S=Snap, B=Bite, NA=Not Applicable

	NR	S	L	B	G	S	B	NA
44. Someone hugs, 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 5-7 year old children								
50. Playing with 8-11 year old children								
51. Playing with 12-16 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 2 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 the 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. Thank you!

Table 1: Global, general approaches recommended

	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
1. Obedience class				
2. Private trainer				
3. Send to shelter				
4. Place in another home				
5. Kill or euthanize				
6. Take to board certified behaviorist (ACVB)				



	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
7. Agility trainer				
8. Consult your veterinarian				
9. Consult a non-veterinary behavior consultant				
10. Make into working dog (ex: guard, herding, 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 made the suggested recommendation and, if you attempted it, plus the outcome. Please remember that you may have chosen not to try something that was suggested, and, alternatively, you may have tried something that was not suggested.

	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
1. Stare at or "stare down"				
2. Grab by jowls and shake				
3. Get additional dog as a companion for this one				
4. Step on leash or choke collar				



and force down				
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	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
5. Blow in nose or face				
6. Buy different types of dog toys (ex: Kong, 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				



	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
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 collar				
19. Citronella spray				
20. Throw a tin or can of pennies				
21. Water pistol				
22. Whistle				



	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
23. Foghorn				
24. Hit dog with hand				
25. Hit dog with leash				
26. Hit dog with empty plastic soda bottle				
27. Hit dog with whiffle ball bat				
28. Hit dog with chain				
29. Hit dog with board, plank, or baseball bat				
30. Hit dog under chin				



	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
31. Step on dog's toes				
32. Knee dog in chest/belly				
33. Kick dog				
34. "alpha roll" (hold spread eagle on back)				
35. "dominance down" (hold down on side, legs extended, head flat)				
36. Growl at dog				
37. Yell or scream at dog				
38. Long down				
39. Sit and wait				



	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
40. "time out" (if you do this let us know where and how, and for how long)				
41. Praise for good behavior				
42. Crate				
43. Kennel outdoors				
44. Fenced yard				
45. Invisible fence				
46. Isolate somewhere in house (if you do this, please let us know where and for how long)				
47. Board at vet's or kneel (which, please)				
48. Use whip on dog				



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	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
49. Chain				
50. Cattle prod				
51. "string up" or hang by leash and collar – all 4 feet off ground				
52. Pop and jerk leash				
53. Yank or pull on leash				
54. Tie up physically				
55. Tie out or stake on very short lead hooked to wall or floor				
56. Muzzle				
57. Increase exercise				



	Suggested <input type="checkbox"/> =yes	By whom	Attempted <input type="checkbox"/> =yes	Outcome
58. Increase play				
59. Give treats for good behavior				
60. Deprive of food				
61. Throw against wall				

62. Beat with your:

-
-
-
-

Suggested \checkmark =

By

Attempted \checkmark =

Outcome

63. Shove dog's nose/face into urine, feces or

-
-
-
-

64. Anything else that was recommended or

-
-



STEREOTYPICAL AND RITUALISTIC BEHAVIOR HISTORY SHEETS: Please complete this form if your pet is showing any repetitive, ritualistic behaviors that you find troublesome or about which you're concerned. THESE BEHAVIORS WOULD BE: ACTIONS THAT SERVE NO FUNCTION

1. Into which of the following category/categories does the behavior fit? (Please circle the best descriptor within the parentheses that describes your pet's behavior)
 - Grooming (chewing/biting/licking/plucking/barbering/sucking self)
 - Hallucinatory (staring/tracking/attacking invisible prey)
 - Consumptive (consuming rocks/dirt/other objects/wool-fabric chewing or sucking/licking/or gulping air)
 - Locomotory (circling/tail-chasing/freezing/scratching)
 - Vocalization (rhythmic barking/barking/howling/growling)

2. Was there a change in the household or an event that was associated with the development of the behavior?
 - Yes – if so, please describe in detail below.
 - No
 - Uncertain, there may have been – I so please explain:

3. Is there any time of day when the behavior seems more or less intense?
 - Yes – if so, please describe in detail below and tell us what is usually going on at that time of day.
 - No
 - Uncertain – no one is home often enough to know.

4. Are there a person/other pet in the presence of which the behavior seems more intense?
 - Yes – if so, who is this and what is their association to the pet?
 - No
 - Uncertain – no one is home often enough to know.



5. What is the attitude of the pet while performing the behavior? (i.e. distressed, self-absorbed, fearful, frantic, etc.)

6. Does the animal respond to its name or seem aware of its surroundings while in the midst of the behavior?

Yes

No

Uncertain

Are they aware that you are calling them?

Yes – if so, how can you tell?

No

Uncertain

7. Can you convince the pet to stop the behavior by either

(a) Calling them

Yes

No

Uncertain

Or

(b) Using physical restraint?

Yes

No

Uncertain

8. What kinds of things, if any, will interrupt the behavior once it has started? (i.e. noises, treats, toys) Please list:



9. What does the client or other family members do when the behavior begins?

10. Is there a location in which the animal prefers to perform the behavior?

- Yes, if so, where
- No
- Uncertain

11. For ingestion, what types of objects are consumed – please be as specific as possible – what type of rug, fabric, sweater?

12. Is there a pattern to the behavior? What are the duration, frequency, characteristics of the events themselves?

Duration: Days Weeks Months
Frequency: Hourly Daily Weekly
 Sporadic

Pattern after meals, in AM, etc:

13. Does any event or behavior routinely occur immediately before the behavior begins?

- Yes – if so, what?
- No
- Uncertain

14. Does any event or behavior routinely occur immediately after the behavior ceases?



- Yes – if so, what?
 - No
 - Uncertain
15. Has the pet's general behavior changed in any way since the onset of the atypical behavior (i.e. the dog is more aloof, more aggressive, more withdrawn, more or less playful, etc.)
- Yes – if so, please specify below.
 - No
 - Uncertain
16. Has the pet's diet recently been changed?
- Yes – if so, what – specifically – was the change?
 - No
 - Uncertain
17. How old – in months – do you think your pet was when the ritualistic behavior about which you are concerned began? _____months
18. Did anyone else in the family exhibit these or similar behaviors?
- Yes
 - No
 - Uncertain
19. If you answered yes, please tick all relatives known to be affected, and if they exhibited different forms of ritualistic behaviors, please specify what they did.
- 1.) Mother
 - 2.) Father
 - 3.) Sister
 - 4.) Brother
 - 5.) Grandmother
 - 6.) Grandfather



- 7.) Cousin
- 8.) Son
- 9.) Daughter
- 10.) Other – some relative did but you either don't know who, or they were more distantly related.

20. If there is any other information that you think may be relevant, please detail it here.



FOR PETS 7 YRS OR OLDER: Questionnaire to evaluate behaviors of old cats and dogs – please complete if your pet is elderly, or, if your complaints have to do with possible age-related changes.

Client name/pet name: _____

DOB: _____

Age at appointment: _____

Tick if age is estimated

Species: Cat Dog (please circle)

Breed: _____

Reproductive status: F FS M MC

Behavior screen – to be completed by owner:

1. Locomotory/ambulatory assessment (tick only 1)

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

2. Appetite assessment (may 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
- Change in interest in food (may be olfactory)
- 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, but "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, all urination controlled, but in inappropriate or undesirable locations



- No change in urination control or behavior (assumes that dog was housebroken)

Bowel control

- Defecates when asleep (circle one)
Formed stool Diarrhea Mixed
- Defecates without apparent awareness (circle one)
Formed stool Diarrhea Mixed
- Defecates when awake and aware of action, but in inappropriate or undesirable locations
Formed stool Diarrhea Mixed
- No changes in bowel control

4. Visual acuity – how well does the client think the dog/cat sees? (tick only 1)

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



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

- No apparent change in auditory acuity
- Some decrement in hearing
- Extreme decrement in hearing
- Deaf

Play interactions – if the dog/cat 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

6. Interactions with humans – which situation best describes that interaction? (tick only 1)

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

7. 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
8. 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 nocturnal pattern and irregular daytime pattern
 - Sleeps virtually all day, awake occasionally at night
 - Sleeps most around the clock
9. Is there anything else you think we should know?



Please describe a detailed description of a 24 hour day in your household:

