

**ANIMAL EMERGENCY & REFERRAL ASSOCIATES**

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www.animalerc.com

Date: \_\_\_\_\_  
Client's name: \_\_\_\_\_  
Pet's name: \_\_\_\_\_ Pet's age: \_\_\_\_\_  
Pet's breed \_\_\_\_\_  
Pet's sex: M F (circle one) Neutered/spayed? \_\_\_\_\_  
Phone number (home): \_\_\_\_\_ (work) \_\_\_\_\_  
How can the behavior service contact you during the day to check in on your pet?  
Primary phone : \_\_\_\_\_ Secondary phone : \_\_\_\_\_  
Email \_\_\_\_\_

**SEPARATION ANXIETY HISTORY FORM**

**Please answer the following questions about your pet's behavior when left alone.**

**Part One:**

**1. Does your dog exhibit destructive behavior when left alone?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem from your perspective.

1	2	3	4	5
Small Items (e.g. pens, paper, etc.)				Extensive Damage (e.g. hole in wall, etc.)

**2. Does your dog eliminate when left alone:** ☐ Yes ☐ No

If yes, is it urination, defecation or both ( please circle ).

Circle the number indicating severity of the problem from your perspective.

1	2	3	4	5
Small Amount				Extensive Amount

**3. Does your dog salivate when left alone?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem from your perspective.

1	2	3	4	5
Damp around Mouth				Wet around mouth and forepaws

**4. Does your dog vocalize when left alone?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem.

**(Circle all that apply):** Howl    Bark    Whine    Other (describe): \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Less than 2 minutes	5 – 15 minutes	15 – 30 minutes	30 min. – 1 hour	More than 1 hour

**5. Does your dog hide when left alone?** ☐ Yes ☐ No

<b>Hiding</b>	If yes, where? _____			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Small Amount				Extensive Amount

**6. Does your dog pace when left alone?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem from your perspective.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Small Amount				Extensive Amount

**7. Does your dog pant when left alone?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem from your perspective.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Small Amount				Extensive Amount

**8. Does your dog need to remain near you as you are getting ready to leave?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem from your perspective.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Small Amount				Extensive Amount

**9. Does your dog exhibit any Self-trauma when left alone?** ☐ Yes ☐ No

If yes, circle the number indicating severity of the problem from your perspective.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Small Amount (e.g. licking feet, etc.)				

Please Describe all incidents of self-trauma:

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**10. Does your dog shake or tremble when left alone/as you are getting ready to leave?** ☐ Yes ☐ No  
If yes, circle the number indicating severity of the problem from your perspective.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Small Amount				

**11. Does your dog exhibit any other behaviors when left alone that we have not already asked about.**

☐ Yes ☐ No

**If yes, please list those behaviors** \_\_\_\_\_

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Please circle the number indicating severity of the problem from your perspective.

1      2      3      4      5

**Total Fear Score ( for clinic use only)** \_\_\_\_\_

**Global Score(for clinic use only)** \_\_\_\_\_

**Part Two:**

**1. Will your dog eat a treat when left alone?** ☐ Yes ☐ No ☐ Do not know

**2. Please check those that apply to your dog:**

☐ My dog can be left with strangers and will be fine (no anxiety).

☐ My dog can be left with my good friends and be fine but if left with strangers my dog will be anxious.

☐ If my dog is left with anyone but me he will be anxious.

☐ Other ( please explain): \_\_\_\_\_

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**3. Does your dog show anxiety when you leave him/her at a friend's house?**

☐ Yes

☐ No

☐ Depends on the person

☐ Do not know

**4. Does your dog show anxiety when he/she is left in the car?**

☐ Yes      ☐ No      ☐ Do Not Know

**5. Do you punish your dog for this behavior?**

- ☐ Yes, I currently punish him.
- ☐ I used to punish him, but I have stopped
- ☐ No, I do not and have never punished him for this behavior

**6. What have you tried thus far to help with the problem?**

**7. Do you say goodbye to him or her as you leave?** ☐ Yes      ☐ No  
**If yes, please describe how?**

**8. Do you say hello to him or her as you return home?** ☐ Yes      ☐ No  
**If yes, please describe how?**

**9. What is the shortest amount of time you have left your dog and returned home to destruction or urination?**

**10. Please list all the “cues” that you do before leaving that cause your dog to show anxiety (Please check all that apply):**

- ☐ Getting out of bed
- ☐ Alarm going off
- ☐ Taking a shower
- ☐ Getting dressed
- ☐ Leaving the bedroom
- ☐ Getting my keys
- ☐ Getting my wallet/purse/briefcase
- ☐ Eating breakfast
- ☐ Getting a coat/jacket/sweater
- ☐ Other ( please list \_\_\_\_\_)
- ☐ The whole morning routine from when I wake up to the time I leave, my dog is anxious and no cue really makes it worse.
- ☐ I think my dog is anxious during the whole morning routine but there are certain cues that make it worse
- ☐ My dog is only anxious when I actually leave
- ☐ I am unsure when he start getting anxious.

**11. Does your dog liked to be pet?** ☐ Yes    ☐ No    ☐ Sometimes

**12. What are your dogs favorite treats?**

**13. What is your dog's favorite game/activities?**

**14. What are your dog's favorite toys?**

**15. How often do you feed your dog meals and what do you feed him/her?**

**16. Does your dog exhibit any fear of noises? If yes, please list which noises.**

**17. At what age did you notice this problem?**

**18. Is the problem getting worse, better, or staying the same?**

**19. Where did you get this dog? Circle one):**

Shelter          Breeder          Friend          Pet Store

Stray          Rescue Organization          Other: \_\_\_\_\_

**20. Describe your dog's behavior as a puppy?**

**21. Do you have any news about littermate's behavior?** ☐Yes    ☐No

If yes, please describe

**22. Did you meet the parents?** ☐Yes          ☐No

If yes, please describe

**23. Has this dog had any other owners?** ☐Yes          ☐No

If yes, how many?

**24. Please list any other pets in the home.**

**25. Is your dog on any medication now?** ☐Yes ☐No

If yes, please list \_\_\_\_\_

**26. Has your dog been on medication for the behavior problem?** ☐Yes ☐No

If yes, please list \_\_\_\_\_

**27. Is your dog on any herbal, homeopathic, or nutritional supplements?** ☐Yes ☐No

If yes, please list \_\_\_\_\_

**28. Have you ever video-recorded or audio-taped your dog when left alone?**

☐Yes ☐No ☐No, but I will if it is necessary ☐No, and I never will

**29. Please check the answer that best describes how you feel about the current situation:**

- ☐ I am here only out of curiosity- the problem is not that serious.
- ☐ I would like to change the problem, but it is not serious.
- ☐ The problem is serious and I would like to change it, but if it remains unchanged, that is all right.
- ☐ The problem is serious and I would like to change it, but if it remains unchanged I will keep my dog.
- ☐ The problem is very serious and I would like to change it; if it remains unchanged I will have to consider finding another home for him/her or euthanizing him/her.

**30. Which statement(s) best represents how you feel about the use of medications for your pet's behavioral issue(s). Please check as many answer choices as you wish.**

- ☐ I am strongly opposed to the use of psychoactive medication and simply will not use them.
- ☐ I will only use medication as an absolute last resort. I would rather try nutritional supplements, herbs, etc....first.
- ☐ I would rather not use medications to treat my pet's problems, but I am open to hearing about them along with nutritional, herbal etc.... options.
- ☐ I am open to any treatment option as long as it will help my pet.

***Please try to obtain video of your pet when left alone and bring it with you to your appointment. This information can be very helpful in designing a treatment plan.***

***End of questionnaire. Thank you! Please fax, email, or mail this form to Animal Emergency & Referral Associates. Contact information on page 1.***