Stereotypic/Repetitive/Compulsive Behavior History Form

1. Please list all of the pets who live in your home.

<table>
<thead>
<tr>
<th></th>
<th>Pet 1</th>
<th>Pet 2</th>
<th>Pet 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<td></td>
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<tr>
<td>Age Now:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Breed:</td>
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<tr>
<td>Gender:</td>
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<td>Age when obtained:</td>
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<td></td>
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<tr>
<td>Neutered/spayed:</td>
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</tbody>
</table>

2. Please list all people who live in your home

<table>
<thead>
<tr>
<th>Name of person</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of person</td>
<td></td>
<td></td>
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</tbody>
</table>

3. Please check the repetitive behavior(s) that our dog is exhibiting:

- [ ] Chasing his tail
- [ ] Chasing/Staring/Fixating shadows/light reflections
- [ ] Spinning
- [ ] Checking hind end (looking back at the rear end)
- [ ] Freezing
☐ Pacing in circles
☐ Chasing/Staring/Fixating shadows/light reflections
☐ Chasing/Staring/Fixating on objects
☐ Chasing/Staring/Fixating imaginary things (you can not identify what the dog is chasing)
☐ Licking/chewing parts of his body
☐ Licking walls, furniture
☐ Licking carpets/floors
☐ Chewing walls/furniture
☐ Picking up and holding a ball/stick etc…
☐ Eating feces
☐ Gulping/swallowing
☐ Sucking his flank (side of the body)
☐ Sucking blankets/clothing etc…
☐ Eating non food items
☐ Jumping in place
☐ Drinking
☐ Eating
☐ Attacking parts of his body
☐ Other: __________________________________________________________

4. How frequently does your dog exhibit these behaviors?

☐ > 10 times/day
☐ Between 5-10 times/day
☐ <5 times/day
☐ A few times a week
☐ A few times a month
☐ Other: __________________________________________________________

5. How long does your dog engage in these behaviors when it starts? (check all that apply)

☐ A couple of seconds and then he stops on his own
☐ A couple of seconds and I stop him
☐ A couple of minutes and then he stops on his own
☐ A couple of minutes and I stop him
☐ Greater than 10 minutes
☐ Between 10-20 minutes
☐ Between 20-45 minutes
☐ The behavior can last for hours
6. If you do not interrupt the behavior, what is the longest duration of time your dog has engaged in the behavior?

☐ Less than 5 minutes  
☐ Between 5-15 minutes  
☐ Between 15-30 minutes  
☐ Between 30-60 minutes  
☐ Between 1-3 hours  
☐ More than 3 hours  
☐ I am not sure because I always intervene but I have seem him do it for at least _______________.

7. Does your dog have difficulty concentrating playing with you, eating etc.. because he keeps wanting to engage in the repetitive behavior.  ☐ Yes  ☐ No  ☐ Sometimes

8. List all triggers that you know will trigger the behavior to start.

9. Can you interrupt the behavior to make him stop?

10. Does your dog growl, snap or bite at you if you try and interrupt the behavior?

11. a. How old was your dog when he first showed this behavior?

             b. Please describe the context in which you first saw this behavior if you can recall the situation:_____________________________________________________________
                             ___________________________________________________________________
                             ___________________________________________________________________
                             ___________________________________________________________________

12. Is there a particular location where your dog is more likely to engage in the repetitive behavior?
13. Is there a time of day where your dog is more likely to engage in the repetitive behavior?

14. Is there a person that is more likely to elicit the behavior?

15. Does he ever do the behavior when there is not a person in the room?

16. Is he more likely to start the behavior when he is:
   - □ Resting/ calm/quiet environment
   - □ Excited/lots of activity/loud, hectic environment
   - □ Both
   - □ Neither

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

18: What you have tried thus far to stop the behavior and what was your dogs response to these methods?

   Methods tried:  
   Dog’s response:

19. Does you dog have/had any fear or anxiety with noises (thunder, rain, wind, garbage trucks, etc…..)?

20. Does you dog have (or ever had) separation anxiety?

21. Is there anything else that you know scares your dog or makes your dog anxious?
22. Do you have any news about littermate’s behavior? □ Yes □ No
If yes, please describe

23. Did you meet the parents? □ Yes □ No
If yes, please describe

24. Where did you get this dog? Circle one):
   Shelter Breeder Friend Pet Store
   Stray Rescue Organization Other:___________

25. Describe your dog’s behavior as a puppy?

26. Has this dog had any other owners? □Yes □No
If yes, how many?

27. Please list all other behavior problems that each of your respective dogs’ have:

28. How many dogs have you owned previously?

29. Does your dog have any medical conditions? Yes No (circle your answer).
   If yes, please list the medical conditions______________________________________________________________

30. Is your dog on any medication now? Yes No
   If yes, please list______________________________________________

31. Has your dog been on medication for the behavior problem? Yes No
   If yes, please list______________________________________________

32. Is your dog on any herbal, homeopathic, or nutritional supplements?
   Yes No
   If yes, please list______________________________________________
33. Do you have lead based paint in your home?

34. How did you train your dog to do a sit and a down?
   - □ Does not know these words
   - □ Using treats
   - □ Using leash corrections
   - □ Using a shock collar
   - □ Other: _________________________

35. Does your dog ever have fights with other pets in the household?

36. 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.

37. 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.

VIDEO: If you are able to bring video of your dogs behavior that will allow me to help you in fewer appointments. We have the ability to play DVD’s CD’s, VHS, and small digital tapes. We can not play Hi-8’s.

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