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.

   □ □ □ □ □
   
   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.

   □ □ □ □ □
   
   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.

   □ □ □ □ □
   
   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):__________________

1  2  3  4  5
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

Hiding If yes, where? _________________________________

1  2  3  4  5
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.

1  2  3  4  5
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.

1  2  3  4  5
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.

1  2  3  4  5
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.

1  2  3  4  5
Small Amount (e.g. licking feet, etc.)
Please Describe all incidents of self-trauma:

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.
   
   1  2  3  4  5
   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________________________________________________________
   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):_________________________________________________________

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?
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 dog's 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.