



Spayed/Neutered ?	_____ Yes	_____ No
Age at Spay/Neuter:		
Dog's Weight:		
Where did you get your dog from?:		

<b>List names, genders, and ages (if under 21) of people living in the home:</b>

<b>List other pets in the home. Include name, species, breed, age, gender, spay/neuter status, and if obtained before (B) or after (A) your pet with the behavior issue.</b>

**Medical History**

<b>Has your dog been examined by a veterinarian for inappropriate elimination to rule out medical causes? If so, please provide this information.</b>

<b>List any medical problems your dog currently has:</b>

List any medical problems your dog had in the past:

Does your dog have annual veterinarian visits?       Yes       No  
 I can't take him/her because of a behavior issue

List all medications your dog is currently taking (include dosage if known):

If your dog has any food allergies, please list:

**Inappropriate Elimination Description & History**

Please describe your dog's inappropriate elimination issue.

When did the inappropriate elimination first occur and how old was your dog at the time?

Was your dog previously housetrained?

Yes  No

Does your dog eliminate in front of you inside the home?

Yes  No

Does your dog only eliminate at night or when you are away?

Yes  No

Does your dog eliminate in the house even though he/she was taken out recently?

Yes  No

Is there anything you can think of that coincided with the inappropriate elimination starting (e.g. addition of new pet, moved, new family member, death of a family member or pet, work hours changed, etc.)?

Please describe the last time the inappropriate elimination occurred in detail. Provide information on what was happening at the time, including the location, time of day, who was present, any animals present, and how you or the other person present reacted to the behavior.

How frequently does the behavior occur? Choose the most appropriate time frame and put in a number:

Episodes/Year                       Episodes/Week                       Episodes/Day  
 Episodes/Month                       Episodes/Hour

**Instances of inappropriate elimination have:** (Check all that apply)  
 become more frequent       become less frequent       stayed the same

**Are there triggers for your dog's inappropriate elimination? If so, please list:**


**Does your dog eliminate in certain areas of the house? If so, please specify:**


**Can you interrupt your dog when he/she is eliminating?**  
 Yes       No       Sometimes

**What methods have you used to try to stop the inappropriate elimination? What has worked and what hasn't?**


**What products/methods do you use to clean up after your pet?**


**Have you punished your dog for his/her inappropriate elimination? If so, what methods of punishment have you used?**


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**Have you or family members seriously considered rehoming your dog due to the inappropriate elimination issue?**                     Yes                     No

**Have you or family members seriously considered euthanizing your dog due to the inappropriate elimination issue?**                     Yes                     No

Please check the appropriate box:	Don't Know	No	Yes
Did you acquire your dog after 3 months of age?			
Did you acquire your dog at 5 weeks of age or less?			
Was your puppy orphaned or hand-raised?			
Was your dog the single puppy in the litter?			
Was your dog acquired from a shelter or pound?			
Was your dog acquired from a rescue group?			
Was your dog from a puppy mill or backyard breeder?			
Was your dog acquired from a pet shop?			
Has your dog had multiple owners during his/her life?			
Was your dog kenneled, tied up, or confined to a small area for long periods of time in your home or a previous home?			

*Based on Cottam et al. (2008). Comparison of remote vs. in-person behavioral consultation for treatment of canine separation anxiety. J Appl Anim Welf Sci, 11:1, 28-41.*

Please check the appropriate box if your dog urinates in the home:	Don't Know	No	Yes
Does your dog lift his/her leg when they urinate in the home?			
Does your dog squat when urinating in the home?			
Are there puddles of urine?			
Are there small amounts or sprays of urine?			
Does your dog urinate on vertical surfaces?			
Does your dog urinate in corners?			
Does your dog urinate on furniture?			
Does your dog urinate on personal items?			
Does your dog urinate in the same location/area?			
Does your dog urinate in different areas of the home?			

<b>Please check the appropriate box if your dog urinates in the home:</b>	<b>Don't Know</b>	<b>No</b>	<b>Yes</b>
Does your dog urinate on furniture or other items when strangers or strange dogs come to the home?			
Does your dog urinate on furniture or other items when he/she sees strange dogs outside of the window?			
Has your dog ever urinated on a visitor or stranger?			
Does your dog urinate on new items in the home (i.e. visitor's luggage, grocery bags)?			
Did your dog previously have a medical condition that caused them to urinate in the home?			

<b>Please check the appropriate box if your dog defecates in the home:</b>	<b>Don't Know</b>	<b>No</b>	<b>Yes</b>
Is your dogs stool solid?			
Does your dog defecate on personal items?			
Does your dog defecate in the same location/area?			
Does your dog defecate in different areas of the home?			
Did your dog previously have a medical condition that caused diarrhea or defecation in the home?			

<b>If your dog eliminates on personal items, please list:</b>
<b>Does your dog prefer to eliminate on certain surfaces (e.g. carpet, tile, linoleum, rugs, etc.)? If so, please list:</b>
<b>Do other dogs in your home have inappropriate elimination issues? Are you sure it is <i>this</i> dog that is urinating/defecating in your home?</b>

**Interactions with People & Other Animals**

**How would you describe your dog's personality, temperament, or general mood (e.g. playful, standoffish, nervous, happy, friendly, fearful, etc.)?**

**How does your dog get along with human family members?**

**How does your dog get along with other pets in the home?**

**How does your dog respond to strangers or visitors *in your home*?**

**How does your dog respond to strangers or visitors *away from your home*?**

**How does your dog act when he/she meets strange dogs and both are on leash?**

How does your dog act when he/she meets strange dogs and both are off leash?

How does your dog act when he/she meets strange dogs and he/she is leashed and other dog is free?

Does your dog cower or run away if people are loud, rough-housing, or if they move suddenly?  
 Yes                       No                       Sometimes

Is your dog comfortable in crowds?  
 Yes                       No

How does your dog behave at the veterinarian's office?

**Behavior Observations**

**My dog is excessively frightened by:** (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> thunderstorms                  | <input type="checkbox"/> fireworks             | <input type="checkbox"/> slippery floors |
| <input type="checkbox"/> white lab coats that vets wear | <input type="checkbox"/> gunshots              | <input type="checkbox"/> other           |
| <input type="checkbox"/> flies or insects               | <input type="checkbox"/> trucks or motorcycles |  |
| <input type="checkbox"/> skateboards or bicycles        | <input type="checkbox"/> loud appliances       |  |
| <input type="checkbox"/> loud noises                    | <input type="checkbox"/> stairs                |  |
| <input type="checkbox"/> beeping noises                 | <input type="checkbox"/> car rides             |  |

If Other, please list:

**My dog urinates when greeting:** (Check all that apply)

**N/A, my dog doesn't do this**  
 **myself or other family members**                       **strangers**                       **strange dogs**

**My dog rolls over on his/her back when greeting:** (Check all that apply)

**N/A, my dog doesn't do this**  
 **myself or other family members**                       **strangers**                       **strange dogs**

**Lifestyle**

**Describe a typical day's schedule for your dog:**


**Where does your dog live?**

**Indoors**                       **Outdoors**                       **Always Confined to One Area of House**

**What do you feed your dog? Include primary food and if table scraps, treats, or other foods are given. How much do you feed and how often is your dog fed daily?**


**Do you have a yard?**


**How often does your dog get let outside? How long do you leave him/her outside?**

**Is your dog crated trained or do you have a gated area/play pen for him/her? If so, describe:**

**Where is your dog kept during the day? If he/she is kenneled, gated or fenced-in, for how long?**

**Where does your dog sleep?**

**How much exercise does your dog get? Include off-leash exercise, on-leash exercise, and other types of physical activity.**

Training
<b>Has your dog attended obedience classes or any other type of training activities/classes? Please list:</b>
<b>What obedience commands does your dog know? Do they always comply (A), usually comply (U), rarely comply (R ), or never comply (N)?</b>
<b>List situations in which your dog is less likely to obey you:</b>
<b>Does your dog know any tricks? Please list:</b>
<b>My dog works for:</b> (Check all that apply) <input type="checkbox"/> food or treats <input type="checkbox"/> balls, frisbees, or toys <input type="checkbox"/> praise or attention <input type="checkbox"/> petting <input type="checkbox"/> no reward
<b>What are your dog's top 3 favorite things or things to do?</b>

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Please read the following two sections & fill them out if your dog has ever engaged in any of these behaviors. If not, please skip these sections.

**Section I:** If you suspect that your dog has Separation Anxiety (for example he/she engages in destructive behavior, inappropriate elimination, or excessive barking when you are not home), please answer the questions in section I.

**Section II:** If you have a senior or elderly dog, please answer the questions in section II.

**Section I:**

**If you suspect that your dog has Separation Anxiety (for example he/she engages in destructive behavior, inappropriate elimination, or excessive barking when you are not home), please check the appropriate box. Otherwise, skip this section.**

	No	Mild	Moderate	Severe
Does your dog follow you around from room to room for most of the day?				
Does your dog become anxious at the sound of car keys, or when you put on your coat or shoes?				
Does your dog shake, tremble, shiver, or pace when you prepare to leave or following your departure?				
Does your dog become aggressive as you prepare to leave (mouthing, nipping, blocking doorways, etc.)				
Does your dog exhibit other behavior issues as you prepare to leave?				
Does your dog bark, whine, or howl excessively within 30 minutes of your departure?				
After you leave, does your dog's activity greatly decrease or does he/she appear depressed?				
After you leave, does your dog have a loss of appetite?				
Does your dog destroy property or damage the house only when you are gone (ex: chewing, scratching, digging, etc.)				
Does your dog urinate or defecate in your home only when you are gone?				
Does your dog excessively lick him/herself or other objects/furniture in the home only when you are gone?				
Does your dog salivate excessively only when you are gone?				
Does your dog regularly have diarrhea or vomiting only when you are gone?				
Does your dog engage in self-injurious behavior only when you are gone?				
Does your dog exhibit excessive greeting behavior upon your return (jumping, hyperactivity, whining, or barking for more than 2-3 minutes)?				
Does your dog jump out of windows or break through doors only when you are gone?				

*Based on Cottam et al (2008). Comparison of remote vs. in-person behavioral consultation for treatment of canine separation anxiety. J Appl Anim Welf Sci, 11:1, 28-41.*

**Section I (Continued):**

<b>Will your dog injure him/herself if crated?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>My dog is especially bonded to:</b> (Check all that apply)		
<input type="checkbox"/> <b>One person in the family</b>	<input type="checkbox"/> <b>More than one person in the family</b>	
<input type="checkbox"/> <b>N/A, my dog bonds with anyone and is fine as long as someone is in the room with him/her</b>		
<b>What does your dog do if denied access to you or another family member that they are bonded to while they are home (e.g. door closed, barrier up, etc.)?</b>		



**Section II:**

**If you have a senior or elderly dog, please answer the questions in section II. Otherwise, skip this section.**

<b>Please check the appropriate box:</b>	<b>Don't Know, N/A</b>	<b>No</b>	<b>Yes</b>
<b>Housetraining:</b>			
Urinate indoors but was previously housetrained			
Defecates indoors but was previously housetrained			
Urinate or defecates indoors in view of others, but previously did not do this			
Urinate or defecates indoors soon after being outside, but previously did not do this			
Signals less often to go outside (previously signaled to go outside)			
<b>Disorientation:</b>			
Wanders aimlessly			
Appears lost or confused in house or yard			
Gets "stuck" in corners, or under/behind furniture			
Stares into space or at walls			
Has difficulty finding door (i.e. stands at hinge side of door, stands at wrong door to go outside)			
Does not recognize familiar people			
Does not respond to verbal cues or name			
Appears to forget reason for going outdoors			
<b>Interaction with Family Members:</b>			
Solicits attention less often			
Is less likely to stand/lie for petting (walks away)			
Is less enthusiastic upon greeting			
No longer greets owners (once dog is aware they have arrived)			
<b>Sleep/Activity:</b>			
Sleeps more (overall) in a 24-hour day			
Sleeps less during the night			
Shows decrease in purposeful activity in a 24-hour day			
Shows increase in aimless activity (wanders, paces) in a 24-hour day			

*Based on CDS Diagnostic Aid (Senior Dog History Form). Pfizer Animal Health. Developed by Ilana Reisner, DMV, PhD, DACVB*

**Thanks for your time! We look forward to meeting you and your dog.**