



SS Animal Care

Separation Anxiety Questionnaire

Please complete the New Client Intake Form in addition to this form. This questionnaire will help me better understand your dog, your situation, and develop a behavior modification program that will improve your dog's behavior.

Overview

Before you acquired your dog, did he/she have a history of separation anxiety or any kind of destructive behaviors? _____

Age of your dog when behavior began: _____

How long is your dog typically left alone during the day?

How long after you've been gone does it take for your dog to begin displaying nuisance behaviors?

Describe your dog's main sources of exercise and the exercise's frequency:

- _____ Frequency: _____
- _____ Frequency: _____
- _____ Frequency: _____

Veterinary Information

Date of your dog's last vet visit: _____

Is your vet aware of your dog's behavior? _____

List of all medications your dog is taking or has taken in the last 12 months:

- _____
- _____
- _____

Attempted Solutions

What have you done to try to improve your dog's behavior or address this situation?



Have you attempted to use any calming sprays? If so, which ones: _____

Have you attempted to use no-bark collars or bark deterrents of any kind? If so, which ones:

Complaints

Has your dog's behavior caused family to complain? _____

Has your dog's behavior caused neighbors to complain? _____

If you're renting, has your landlord expressed concerns about your dog's behavior? _____

Environmental Changes

How many times has your dog been rehomed? _____

Has the dog changed residence recently? _____

If so, please explain when and where the dog came from and moved to:

Have you changed where your dog stays while you're away recently? _____

Has you or your family's schedule changed recently? _____

Has construction started within one mile of the home recently? _____

Has a family member joined or left the household recently? _____

Has your dog's diet changed recently? _____

Symptoms

Has your dog displayed any of these symptoms in your absence?

- | | |
|---|------------------|
| <input type="checkbox"/> Urinating or defecating | Frequency: _____ |
| <input type="checkbox"/> Excessive barking or howling | Frequency: _____ |
| <input type="checkbox"/> Destructive chewing or digging | Frequency: _____ |
| <input type="checkbox"/> Escaping crate or yard | Frequency: _____ |



- Pacing or OCD behaviors Frequency: _____
- Consume own excrement Frequency: _____
- Other: _____ Frequency: _____

Was your dog potty trained before this behavior began? _____

Can your dog look out of any windows while you're away? _____

What kind of toys does your dog have access to while you're away?

Is your dog content to be left alone with anyone or is he/she hyper-attached to a single person?

How quickly are you hoping to have this behavior changed?

Do you have neighbors or family members that could care for your dog in your absence? If not, can you work with a local dog day care to care for your dog while you're away?

