

Appendix A

CLIENT QUESTIONNAIRES

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A-1 PRELIMINARY CLIENT QUESTIONNAIRE

Please complete these questions and return the questionnaire before the appointment if possible. Otherwise please bring it with you at the time of the appointment. All of your answers are confidential. PLEASE REMEMBER THAT YOU ARE REQUESTED TO BRING PROOF OF RABIES VACCINATION TO YOUR APPOINTMENT.

1. Pet's Name _____
Your Name _____
2. Breed of Dog or Cat _____ Color _____
3. Age of Pet _____
4. Date of Birth of Pet (if known) _____
5. Sex _____
6. Is your pet spayed or castrated? ☐ Yes ☐ No
If yes, at what age? _____
Date neutered _____
Reason for neutering _____
Any behavioral changes after neutering? _____
7. If your pet is not neutered, do you plan to breed this dog or cat?
☐ Yes ☐ No
8. Has this dog or cat ever been bred?
☐ Yes ☐ No
If female, did she experience heat cycles before neutering?
☐ Yes ☐ No
Age of first heat, if applicable _____
Date(s) of heat cycle(s) _____
9. How old was your pet when you first acquired it? _____
10. Has this pet had other owners?
☐ Yes ☐ No
If so, how many? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Unknown
Why was this pet given up? _____
11. How long have you had this pet? _____
12. Where did you get this pet? _____
☐ Stray/Found
☐ Breeder
- ☐ SPCA/Humane shelter
- ☐ Breed Rescue Service
- ☐ Newspaper adoption advertisement (not breeder)
- ☐ Pet store
- ☐ Friend
- ☐ Other (Please explain) _____
13. Why did you get this pet? _____
14. When was your pet last vaccinated for:
Distemper/Feline rhinotracheitis, etc. (date, if you know it) _____
Rabies (date, if you know it) _____
15. Is this pet (please check all that apply):
☐ Allowed to run free, unsupervised
☐ Fenced/kenned/run
☐ Leash-walked, only
☐ Outside, unleashed but supervised
☐ Indoors only
☐ Outdoors only (primarily cats)
16. What percentage of the day does your pet spend inside?

What percentage of the day does your pet spend outside?

What kind of a living situation do you have?
☐ Apartment
☐ Townhouse/condominium
☐ House with small yard
☐ House with large yard
☐ Farm
17. How many times is your dog or cat walked or let out per day?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
If your pet is walked, what is the average length of time for each walk (in minutes)? _____
18. How often is your pet fed meals each day?
☐ 1 ☐ 2 ☐ 3 ☐ 4
How often is your pet fed treats (cat treats, dog biscuits, chewies) each day?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

How often is your pet fed snacks from the table (i.e., human food) each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

19. What exactly is your pet fed (include brand names)?

20. Does your pet have any allergies? ☐ Yes ☐ No

Please specify _____

21. Does your pet have any preexisting or current medical problems?

☐ Yes ☐ No

If so, what are they? _____

22. Is your pet currently taking any medication to prevent heartworm?

☐ Yes ☐ No Brand _____

Is your pet currently taking any other medications?

☐ Yes ☐ No Types _____

23. Do you have any other pets besides this one?

☐ Yes ☐ No

If so, are any of these other pets ill?

☐ Yes ☐ No

24. Has your household changed since acquiring this pet?

☐ Yes ☐ No

If so, how?

☐ Death of human in family

☐ Death of pet in family

☐ Divorce

☐ Marriage

☐ Baby born

☐ Child moved

☐ Pet added

☐ Family moved

☐ Family schedule changed (lost or gained jobs)

☐ Other

25. Please list the people, including yourself, currently living in the household.

Name	Sex	Age	Relationship (Self, husband, wife, mother-in-law, etc.)	Occupation

Please mark with an asterisk (*) any of the above who are coming to the clinic with the pet. If anyone *Not listed* is coming with the pet, who are they (i.e., friend, neighbor)?

26. Please list all the animals in the household.

Name	Breed	Sex	Age Obtained	Age Now

Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

27. Do you know how many animals were in this pet's litter?

☐ Yes

Number = _____ (_____ females _____ males)

☐ No

28. Why did you choose this specific animal from the litter?

29. Why did you choose this specific breed?

30. Have you had this particular breed before?

☐ Yes ☐ No

31. Have you had pets before?

☐ Yes ☐ No

32. Have you had dogs before?

☐ Yes ☐ No

33. Have you had cats before?

☐ Yes ☐ No

34. Have you had birds before?

☐ Yes ☐ No

35. Where does your pet sleep (check all that apply; we know pets move at night)?

☐ In or on your bed

☐ On its own bed in your bedroom

☐ In its crate in your bedroom

☐ On its own bed in another room

☐ In a crate in another room

☐ On the floor next to your bed

☐ In another room, voluntarily, anywhere it want

☐ In another room because it is locked from your bedroom, anywhere it wants

36. How often do you play with toys or play games with the pet inside the house daily (on average)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ >5

How long does each play bout last, on average (in minutes)? _____

37. How often do you play with toys or play games with the pet outside the house daily (on average)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ >5

How long does each play bout last, on average (in minutes)? _____

38. Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.?

39. What does your pet do as you prepare to leave?

For Dogs Only

40. What is your dog's obedience school history?

☐ No school—trained yourself

☐ Puppy kindergarten

☐ Group lessons—basic

☐ Group lessons—advanced

☐ Private trainer at house

☐ Private trainer—sent to trainer

41. Age when dog started lessons/training _____

42. Who took the dog to obedience school? _____

43. How did the dog do in obedience school? _____

Does the dog have any obedience titles? _____

44. What commands does the dog know and how well?

☐ Sit Perfect Usually OK Needs work

☐ Stay Perfect Usually OK Needs work

☐ Lie down Perfect Usually OK Needs work

☐ Come Perfect Usually OK Needs work

☐ Wait Perfect Usually OK Needs work

☐ Heel Perfect Usually OK Needs work

☐ Fetch Perfect Usually OK Needs work

☐ Drop it Perfect Usually OK Needs work

☐ Other _____

45. Is there anything else you would like to tell us about your dog's training?

For Cats Only

40. How many litter boxes do you have?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >6

41. Describe the litter boxes (check all that apply and put in parentheses the number of boxes for which the description is true).

Description	Number
<input type="checkbox"/> Open	()
<input type="checkbox"/> Covered	()
<input type="checkbox"/> Square	()
<input type="checkbox"/> Rectangular	()
<input type="checkbox"/> Large	()
<input type="checkbox"/> Small	()
<input type="checkbox"/> Deep	()
<input type="checkbox"/> Shallow	()
<input type="checkbox"/> Liner	()
<input type="checkbox"/> No liner	()
<input type="checkbox"/> Other—please specify: _____	

42. What kind of litter material do you put in the box(es) (check all that apply)?

☐ Clumpable, recyclable

☐ Plain clay

☐ Deodorized

☐ Playground sand

☐ Anything you can get with a coupon

☐ Ashes

☐ Potting soil

☐ None (empty box)

☐ Gravel/rock

☐ Sawdust/wood chips

☐ Wheat husks

☐ Recycled, pelleted newspaper

☐ Shredded paper or paper toweling

☐ Other—please specify: _____

43. Where are the litter boxes (check all that apply)?

☐ Closet

☐ Kitchen

☐ Bathroom

☐ Bedroom

☐ Attic

☐ Entryway

☐ Pantry

☐ Basement

☐ Stairwell

☐ Other—please specify: _____

Feel free to include a diagram of your cat's litter box locations if you think that it would help us understand the situation.

44. Describe, in detail, how your cat uses the litter box. For example, does it scratch in the litter before eliminating? Cover up feces? Scratch outside box?

45. Are the front feet declawed?

☐ Yes

☐ No

Age declawed _____

Are the back feet declawed?

☐ Yes

☐ No

Age declawed _____

Is there anything else you would like to tell us about your cat's behavior?

46. What is (are) the behavioral problem(s) that you wish to address, and how much of a problem do you consider the behavior to be? Please use the chart below.

47. Why have you kept the pet despite its behavior problem?

☐ Yes ☐ No

Why? _____

49. Do you feel guilty about this problem?

☐ Yes ☐ No

Why? _____

50. Have you considered finding another home for this pet?

☐ Yes ☐ No

51. Have you considered euthanasia (putting your pet to sleep)?

☐ Yes ☐ No

52. Did someone recommend euthanasia before your visit here?

☐ Yes ☐ No

53. If you think that it would help us understand your pet's problem, attach a map of your house or the relevant areas of your house (i.e., locations of litter boxes or dog beds, locations of fences, etc.).

Problems	Very Serious	Serious	Not Serious

A-3 QUESTIONNAIRE FOR CATS WITH ELIMINATION DISORDERS

Questions 1 to 14 are summarized in a tabular form below for easy compilation of information.

1. How many litter boxes are available for the cat(s)?
2. How many of the litter boxes are covered?
3. What are the sizes of the boxes?
4. Where are the boxes?
5. How deep is the litter in each of the boxes?
6. Are liners ever used?
7. If liners are used, are they scented?
8. List all the types of litter used for each box.
9. Are any of the litters scented?
10. Does the cat respond differently to any of the above styles of boxes or litters, sizes of box, or depths of litters?
11. How frequently is the litter changed?
12. How frequently is the litter box washed and replaced?
13. Are deodorants used in the cleaning process?
14. How many cats actually share a litter box?

TABULAR ANSWERS FOR QUESTIONS 1-14

	Box 1	Box 2	Box 3	Box 4
1. Number of boxes				
2. Is the box covered?				
3. Size of box				
4. Location of box				
5. Depth of box				
6. Liner?				
7. Liner scented?				
8. Type of litter				
9. Litter scented?				
10. Response?				
11. Frequency of changing litter				
12. Frequency of washing box				
13. Deodorants used in cleaning?				
14. Number of cats sharing box				

15. What does the cat do in the litter box: does it get in, does it stand outside, does it dig in or out?
16. Is the cat ever allowed outside?
17. Does the animal eliminate in the presence of other animals or people, or is the elimination behavior secret?
18. Will the cat immediately use a freshly cleaned litter box?
19. Has the cat ever had any variation in whether it covers its feces or urine, and is any of that variation associated with the presence or absence of any other situation or cat?
20. Does the cat ever vocalize while it eliminates?
21. Will the cat spray against the back of a covered litter box?
22. Does the animal ever use a shower or a bath tub for elimination? If so, how frequently?
23. What other areas (get a complete list with locations and frequency of use) are ever used for elimination?

A-4 CANINE AGGRESSION SCREEN

KEY: NR = no reaction; SL = snarl/lift lip; BG = bark, growl (aggressive, *not* alerting bark); SB = snap/bite; NA = not applicable

This screen can be used in three ways: (1) to note the presence or absence, at any time, of any of the behaviors; (2) to log the baseline behavior, noting how many times the behavior occurs, given the number of times it is attempted, per unit time (i.e., per week); and (3) to log frequencies of the occurring behaviors, given the number of times the circum-

stance has been encountered, during treatment so that these numbers can be compared with (2). Note if the reaction is consistent in style or is directed toward only one person or is present in only one restricted circumstance. If this screen is being used as a client log, the circumstances must be evaluated for all people to whom the dog reacts. For any use, it is worth noting whether the dog is subjectively becoming more or less intense (or harder or easier to interrupt) in its behavior (>I [intensity], <I, relatively). If this screen is being used only for the initial consultation, note whether the dog has been worsening in intensity or frequency in any category. Interpretation of this screen is found in Chapter 6.

	NR	SL	BG	SB	NA
1. Take dog's food dish with food					
2. Take dog's empty food dish					
3. Take dog's water dish					
4. Take food (human) that falls on floor					
5. Take rawhide					
6. Take real bone					
7. Take biscuit					
8. Take toy					
9. Human approaches dog while eating					
10. Dog approaches dog while eating					
11. Human approaches dog while playing with toys					
12. Dog approaches dog while playing with toys					
13. Human approaches/disturbs dog while sleeping					
14. Dog approaches/disturbs dog while sleeping					
15. Step over dog					
16. Push dog off bed/couch					
17. Reach toward dog					
18. Reach over head					
19. Put on leash					
20. Human pushes on shoulders					
21. Dog mounts, pushes on shoulders					
22. Human pushes on rump					
23. Dog mounts, pushes on rump					
24. Towel feet when wet					
25. Bathe dog					

	NR	SL	BG	SB	NA
26. Groom dog's head					
27. Groom dog's body					
28. Human stares at dog					
29. Dog stares at dog					
30. Take muzzle in hands and shake					
31. Push dog over onto back					
32. Stranger knocks on door					
33. Stranger enters room					
34. Dog in car at toll booth					
35. Dog in car at gas station					
36. Dog on leash approached by dog on street					
37. Dog on leash approached by person on street					
38. Dog in yard—person passes					
39. Dog in yard—dog passes					
40. Dog in veterinarian's office					
41. Dog in boarding kennel					
42. Dog at groomer					
43. Dog yelled at					
44. Dog corrected with leash					
45. Dog physically punished—hit					
46. Someone raises voice to client in presence of dog					
47. Someone hugs/touches client in presence of dog					
48. Squirrels, cats, small animals approach dog					
49. Bicycles, skateboards nearby					
50. Crying infant					
51. Playing with 2-year-old children					
52. Playing with 5- to 7-year-old children					
53. Playing with 8- to 11-year-old children					
54. Playing with 12- to 16-year-old children					

KEY: NR = no reaction; SL = snarl/lift lip; BG = bark, growl (aggressive, *not* alerting bark); SB = snap/bite; NA = not applicable.