A change in a pet’s behavior often prompts a visit to the veterinary practice; for example, a previously happy dog has become fearful or aggressive or a cat has started soiling outside the litter box. Identifying the reason behind the change requires a thorough behavioral assessment, including a detailed patient history and observation of behavior by the veterinarian, videos and photographs from the client, and any observations by third-parties (eg, groomers, pet-sitters).

See related article, Be SMART About Developing New Profit Centers, page 42. Visit brief.vet/behavior-checklist for the Checklist of Behaviors.
Behavioral evaluation is a complete medical examination that encompasses the evaluation of the whole patient. The American Veterinary Medical Association, the Association of Feline Practitioners, and the American Animal Hospital Association all include behavioral health in their guidelines and highlight behavior as an essential part of animal health and routine wellness visits.

Recognizing that behavior is a symptom rather than a diagnosis is essential. Because many behavioral changes can be initiated by changes in physical health or be a sign of an underlying medical condition, a complete physical examination and appropriate diagnostic testing (eg, CBC, serum chemistry profile, thyroid panel, urinalysis) should be performed. Laboratory data help rule out obvious physical causes for behavioral changes and establish a baseline if medication is warranted. Additional testing may be indicated depending on physical examination findings. If no physical or medical cause for the change is identified, a behavioral assessment should be conducted.

**Obtain a Patient History**

The most efficient way to gather behavior information is through a questionnaire completed by the client and returned to the practice at least 48 hours before the scheduled appointment. Posting the questionnaire on the practice’s website makes it easy for the client to access and print.

The events described in the questionnaire can be placed on a timeline to provide a clear picture of the intensity, frequency, and duration of the behavior, as well as any triggering events. Sample behavioral questionnaires for both dogs and cats are available from behavioral textbooks and online. (See Sample Questionnaires, page 36.)

These surveys typically collect the following information about the patient:

- Principal complaint
- Personality
- Relationship with other pets and family members
- Diet
- Daily activities and routine
- Training, responses, and reinforcement techniques
- Punishment
- Handling
- House-training
- Behavior when away from home
- Reactivity
- Aggression

The veterinarian and veterinary nurse should review the questionnaire responses with the client to confirm the information provided and to elicit more detailed answers, if necessary.

**Gather Client & Third-Party Observations**

Photographs and videos showing a patient’s behavior away from the veterinary practice are helpful tools for identifying the specific problem and potential cause. Clients should be encouraged to use a smartphone to document behaviors of concern before the assessment. For example, clients could record a dog that reacts aggressively to home delivery people before, during, and immediately after the triggering event.

**BENCHMARKS**

**Behavior Consultation**

- The median fee for a 30-minute behavior consultation examination at a general practice is $60.

event. Clients must be advised not to provoke unwanted behaviors. Photographs and videos should be obtained only in a manner that is safe for both client and patient.

Observations by trainers and groomers also can provide valuable insight about a patient’s behavior. For example, a trainer might note that the dog seems nervous around children, or the groomer may say she can work with the dog without a muzzle if she lets the dog relax for a few minutes before she begins grooming.

Develop a customized treatment plan for each patient’s case and provide educational handouts as an added resource to help clients implement the plan.

Follow up with clients to answer questions and provide feedback after their initial consultation by phone or email at 1, 3, 6, 9, and 12 weeks.

Schedule additional appointments as needed, especially if the client needs ongoing assistance after 12 weeks.

Combining the information from all these different observations and sources will allow you to form a comprehensive picture of the pet’s behavior. For example, although the client may complain that the dog is aggressive toward strangers, if team members have observed approach-and-retreat behavior in a variety of interactions, the motivation for that aggression is most likely fear.

If the veterinarian cannot be present to observe the patient’s behavior throughout the appointment, client service representatives, veterinary assistants, and veterinary nurses should be asked for their impressions. Simple observations (eg, *The dog moved behind the client when I approached to escort them to the examination room*) can provide valuable information. Team members should be familiar with the body language of dogs and cats to accurately assess a specific patient’s behavior. Resources are available to help determine how an animal is reacting to a specific situation based on its body language. (See Resources.) Being a veterinary professional does not guarantee the ability to recognize canine body language, but experience with dogs has been shown to increase the ability to recognize the signs of fear in dogs.

4 Identify the Problem Behavior
Create a list of the problem behaviors identified during the assessment. Be as descriptive as possible (eg, aggression directed at unfamiliar people, unfamiliar dogs, children) and include the target or triggers and the underlying motivation. Create a list of differential diagnoses and then develop a comprehensive behavioral treatment

### Step-by-Step Behavioral Assessment

- Ask the client to complete and submit the behavioral questionnaire at least 48 hours before the assessment.
- Recommend that blood work be completed before the visit to rule out possible medical causes of behavioral changes.
- Suggest clients share or bring any videos or photos they have obtained of the behaviors of concern and any feedback they have received from trainers and groomers.
- Remind clients not to feed the patient beforehand.
- Alert client service representatives and other team members about the need to track and record observations of the patient’s behavior.
- Ask client service representatives to run interference for the client and patient to minimize stress and decrease the likelihood of unwanted interactions.
- Conduct the examination in a room that is large enough for the patient to move freely.
- Set up the examination room in advance to minimize disturbances.
- Provide a comfortable resting spot for the patient (eg, mat, towel, rug).
- Stock a variety of high-value treats to offer as distractions and rewards.
- Ask other team members to take notes to allow the veterinarian to observe the patient and interact with the client with no distractions.
- Create a checklist of behaviors to facilitate documentation. (See page 34 for the link to Checklist of Behaviors handout.)
- Use handouts to educate clients about common behavioral concerns.
- Provide a list of behavioral resources to the client, including appropriate certified positive reinforcement trainers.
- Schedule a follow-up phone call or progress appointment to track the treatment response.
- If possible, designate a behavioral veterinary nurse to handle scheduled veterinary nurse appointments and basic questions regarding house-training, nuisance behaviors, and training for basic foundation skills.
Collect information about, and video and photos of, the patient’s behavior from the client and third parties, and perform baseline blood work and diagnostic tests ahead of time to be thoroughly prepared for the behavioral assessment.

Because the entire veterinary team can be involved with patients with behavioral problems, ensure every team member knows his or her role and responsibility.

Safety is paramount—make sure clients know they must never take videos or photos in any manner that endangers any person or the pet.

**References**


**Leslie Sinn, DVM, DACVB**, currently maintains a private practice, Behavior Solutions, that provides behavioral services to dogs, cats, parrots, horses, and other animals throughout the Mid-Atlantic region. Leslie earned her undergraduate degree in animal science and her DVM degree from University of Georgia, where she also completed an internship in small animal medicine and surgery. After spending 5 years in private practice, she moved to northern Virginia in 1985 to join the faculty at Northern Virginia Community College Veterinary Technology Program. During her tenure, she taught a variety of courses, including anesthesia and behavior, and served as program dean for 15 years. Leslie then completed a residency in behavioral medicine and became board certified in 2016.

**Fun Fact:** Leslie has trained and shown a variety of animals, including cats, dogs, parrots, horses, llamas, cattle, sheep, pigs, and laboratory and zoo animals. She currently is working with her border collie, Possum (above), toward his Advanced Trick Dog title. His most recently mastered skill is turning an Easy Button on and off.