

Your Dog's Response to Noise Aversion Treatment

Use this checklist to record triggers and behaviors during a noise event.

Noise Triggers

Check noises that occurred before or during treatment

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Construction Work |
| <input type="checkbox"/> Thunder | <input type="checkbox"/> Traffic or street noise |
| <input type="checkbox"/> Celebrations | <input type="checkbox"/> Other |

Behaviors

Which behaviors did your dog show before and after treatment?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Pacing | <input type="checkbox"/> Excessive vigilance or hypervigilance | <input type="checkbox"/> Owner seeking behavior or abnormal clinginess |
| <input type="checkbox"/> Lip licking | <input type="checkbox"/> Cowering | <input type="checkbox"/> Refuses to eat |
| <input type="checkbox"/> Trembling or shaking | <input type="checkbox"/> Hiding | <input type="checkbox"/> Yawning |
| <input type="checkbox"/> Panting | <input type="checkbox"/> Brow furrowed or ears back | <input type="checkbox"/> Vocalization (whining or barking at the sounds) |
| | <input type="checkbox"/> Freezing or immobility | |

More Information

How long did the noise event last?

- < 1 hour 1-3 hours 4-6 hours all day



Describe the intensity of your dog's reaction to the noise before and after treatment:

- Mild** - Has a minor impact on our dog's quality of life
- Moderate** - Has a modest impact on our dog's quality of life
- Severe** - Has a significant impact on our dog's quality of life

When did your dog recover from the signs of noise aversion

- Within 30-60 minutes after treatment even though the noise continued**
Only after the noise trigger stopped
- Immediately**
- Several hours** after the noise trigger stops
- A day or more** after the noise trigger stops

