

Monitoring Your Dog's Separation Anxiety Treatment

Sometimes behavior improves slowly, over time. This handy chart helps you see change as it happens. Use the chart to track three different times that you leave your pet alone on the same day.

Client's name: _____ Dog's name: _____ Date: ____/____/____

ABSENCE 1

What time did you leave?	How did you leave your pet?	How long was your pet alone?	What behavioral signs did you see?
Time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm Day: _____ Date: ____/____/____	<input type="checkbox"/> Left free <input type="checkbox"/> Crated <input type="checkbox"/> Confined in room <input type="checkbox"/> Left outside in dog house or run <input type="checkbox"/> Left outside in fenced area <input type="checkbox"/> Outside, free/unrestrained <input type="checkbox"/> Other: _____	<input type="checkbox"/> <5 mins <input type="checkbox"/> 5–10 mins <input type="checkbox"/> 10–20 mins <input type="checkbox"/> 20–30 mins <input type="checkbox"/> 30 mins–1 hr <input type="checkbox"/> 1–2 hrs <input type="checkbox"/> 2–4 hrs <input type="checkbox"/> 4–6 hrs <input type="checkbox"/> 6–8 hrs <input type="checkbox"/> >8 hrs	<input type="checkbox"/> None <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Destruction <input type="checkbox"/> Vocalization <input type="checkbox"/> Salivation <input type="checkbox"/> Other: _____

ABSENCE 2

What time did you leave?	How did you leave your pet?	How long was your pet alone?	What behavioral signs did you see?
Time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm Day: _____ Date: ____/____/____	<input type="checkbox"/> Left free <input type="checkbox"/> Crated <input type="checkbox"/> Confined in room <input type="checkbox"/> Left outside in dog house or run <input type="checkbox"/> Left outside in fenced area <input type="checkbox"/> Outside, free/unrestrained <input type="checkbox"/> Other: _____	<input type="checkbox"/> <5 mins <input type="checkbox"/> 5–10 mins <input type="checkbox"/> 10–20 mins <input type="checkbox"/> 20–30 mins <input type="checkbox"/> 30 mins–1 hr <input type="checkbox"/> 1–2 hrs <input type="checkbox"/> 2–4 hrs <input type="checkbox"/> 4–6 hrs <input type="checkbox"/> 6–8 hrs <input type="checkbox"/> >8 hrs	<input type="checkbox"/> None <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Destruction <input type="checkbox"/> Vocalization <input type="checkbox"/> Salivation <input type="checkbox"/> Other: _____

ABSENCE 3

What time did you leave?	How did you leave your pet?	How long was your pet alone?	What behavioral signs did you see?
Time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm Day: _____ Date: ____/____/____	<input type="checkbox"/> Left free <input type="checkbox"/> Crated <input type="checkbox"/> Confined in room <input type="checkbox"/> Left outside in dog house or run <input type="checkbox"/> Left outside in fenced area <input type="checkbox"/> Outside, free/unrestrained <input type="checkbox"/> Other: _____	<input type="checkbox"/> <5 mins <input type="checkbox"/> 5–10 mins <input type="checkbox"/> 10–20 mins <input type="checkbox"/> 20–30 mins <input type="checkbox"/> 30 mins–1 hr <input type="checkbox"/> 1–2 hrs <input type="checkbox"/> 2–4 hrs <input type="checkbox"/> 4–6 hrs <input type="checkbox"/> 6–8 hrs <input type="checkbox"/> >8 hrs	<input type="checkbox"/> None <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Destruction <input type="checkbox"/> Vocalization <input type="checkbox"/> Salivation <input type="checkbox"/> Other: _____