

Does your dog suffer from noise aversion?

Use this checklist to identify triggers and behaviors.



Noise Triggers

Which of these trigger your dog's behavioral changes?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Phone | <input type="checkbox"/> Gun shots | <input type="checkbox"/> Vacuum cleaner |
| <input type="checkbox"/> Thunder | <input type="checkbox"/> Washer/dryer | <input type="checkbox"/> Garbage trucks/snow plows | <input type="checkbox"/> Air conditioner/heater |
| <input type="checkbox"/> Celebrations/party noises | <input type="checkbox"/> Sporting events/festivals | <input type="checkbox"/> Door bell | <input type="checkbox"/> Home improvement |
| <input type="checkbox"/> Lawn equipment | <input type="checkbox"/> Kitchen equipment | <input type="checkbox"/> Alarms/security system | <input type="checkbox"/> Rescue vehicle sirens |

Behaviors

Which behaviors happen during noise events?

- | | | |
|--|--|--|
| <input type="checkbox"/> Pacing | <input type="checkbox"/> Being extra alert/more alert than usual | <input type="checkbox"/> Not wanting to leave your side/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"/> Scared look/ears back | <input type="checkbox"/> Vocalization (whining or barking at the sounds) |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Freezing or immobility | <input type="checkbox"/> Causes destruction of home |
| <input type="checkbox"/> Hurting himself/herself | | |

More Information

How often does your dog react to noise triggers?

- | | | | |
|---|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
|---|--|---------------------------------|--------------------------------|

Describe the intensity of your dog's reaction to noise triggers:

- | |
|--|
| <input type="checkbox"/> Mild - Has a minor impact on our dog's quality of life |
| <input type="checkbox"/> Moderate - Has a modest impact on our dog's quality of life |
| <input type="checkbox"/> Severe - Has a significant impact on our dog's quality of life |

How long does it take for your dog to recover from a reaction to noise triggers?

- | |
|--|
| <input type="checkbox"/> Immediately after the noise trigger stops |
| <input type="checkbox"/> Within an hour after the noise trigger stops |
| <input type="checkbox"/> Several hours after the noise trigger stops |
| <input type="checkbox"/> A day or more after the noise trigger stops |