

Incorporating Behavior Assessment and Screening for Every Patient

chapter **1**



OVERVIEW

- Behavior problems are a leading cause of relinquishment and euthanasia of dogs and cats.
- Unwanted behaviors can be the first or only sign of a medical condition.
- Behavior disorders are treatable disease states that occur in pets.



ETIOLOGY/PATHPHYSIOLOGY

- Most behavior problems occur from a combination of internal and external factors.
- *Internal factors* unrelated to anything the pets' caregivers did or did not do may result in behaviors that would be a concern in any household.
 - Genetic temperament.
 - Congenital abnormalities:
 - Hydrocephalus or other structural abnormalities.
 - Behavior alterations secondary to portosystemic shunt.
 - Altered brain development due to:
 - Prenatal stress such as maternal illness, nutritional or environmental insecurity, or traumatic life events.
 - Perinatal stress (see prenatal stress examples).
 - Limited social or exploratory environment:
 - All animals, but especially kittens from birth to 9 weeks or puppies from birth to 14 weeks.
- *External factors* that occur in “normal” pets placed in situations where they cannot thrive can result in unwanted behaviors.
 - Very limited environments that do not allow innate dog or cat behaviors to occur.
 - Caregivers who are unaware of their pet's innate behavior needs and do not provide opportunities or alternate activities to meet these needs.
 - Ineffective communication techniques can cause stress and frustration for both parties.

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- Caregivers may not recognize nonverbal communication offered by dog and cat body language.
- Basic misunderstanding of the way dogs and cats learn.
- The use of outdated dominance or pack theory to teach or inhibit unwanted behaviors can induce fear and distrust, causing permanent damage to social relationships.
- Serious behavior problems create stress for both the pet exhibiting the undesirable behavior and the families they live with.
 - Chronic stress increases the risk of medical disease.
 - Pain and illness of any type increase stress.
 - Caregiver fatigue may reduce a family's willingness to invest in any type of patient care.
- Despite all these factors, behavior is often not assessed during veterinary exams.
- Behavior assessment should be a standard component of veterinary exams.

CURRENT BARRIERS TO ASSESSMENT

- Voluntary caregiver reporting is rare, and veterinary interviews may not be reliable.
- Pet caregivers and veterinarians may not suspect an underlying medical condition as a primary cause of behavior concerns.
- Veterinarians may not feel competent to diagnose or treat behavior problems.
 - They may not be able to distinguish between normal behavior and behavior problems due to external factors, internal factors, or true behavior pathology.
- Veterinarians without training in clinical behavior medicine may send behavior problems to a trainer without a full assessment of what is needed or a full medical workup.
- Caregivers may not turn to their veterinarian for help with their pets' behavior needs.
- Behavior workups and treatments can be time consuming.
 - Veterinarians may be unaware of compartmentalized, multi-appointment approaches to intervention and therapy.
 - Behavior treatment is complicated by the need for caregivers to be heavily involved in and compliant with implementing the plan.

TIME-EFFICIENT BEHAVIOR ASSESSMENT DURING VETERINARY EXAMS

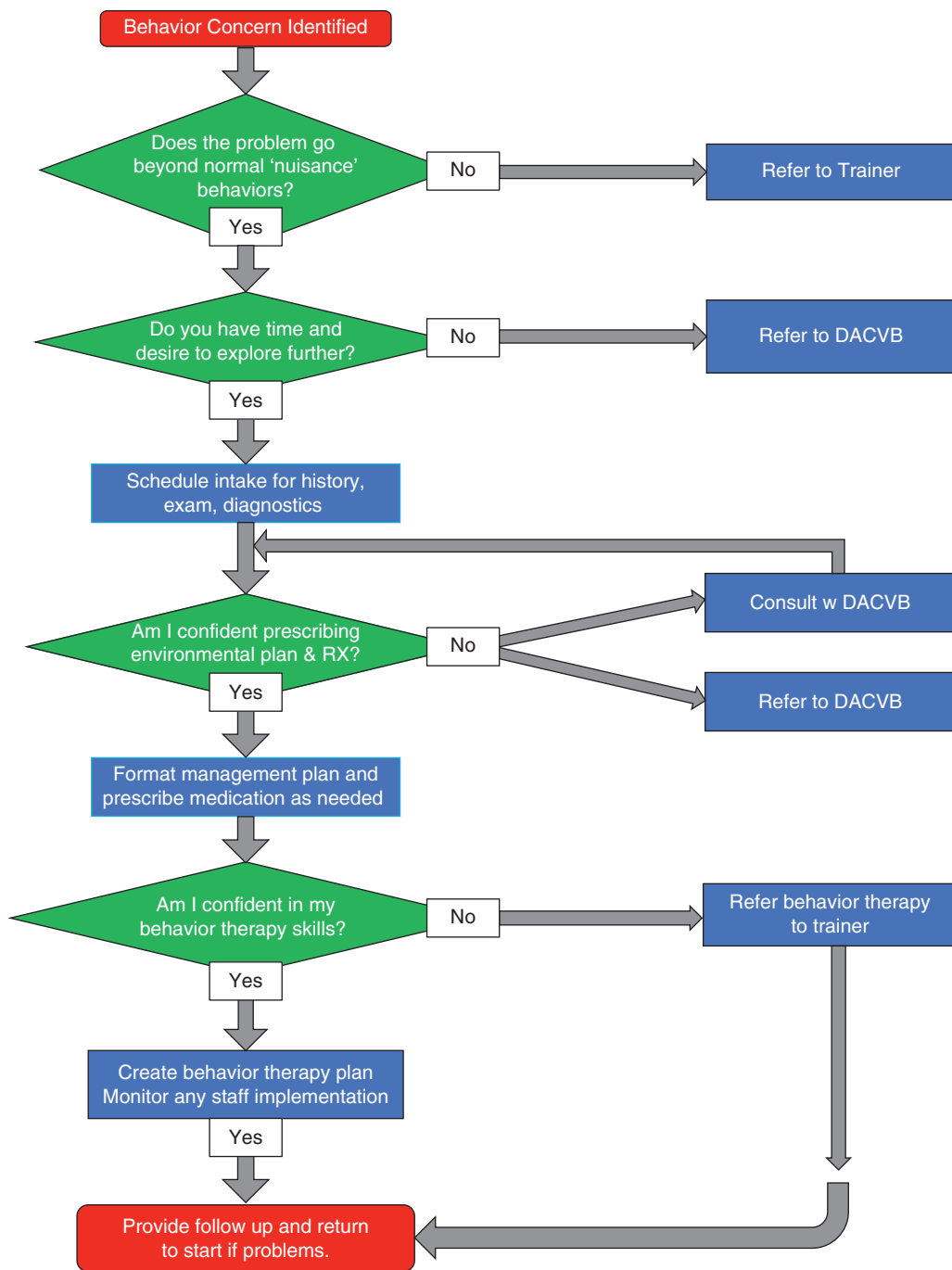


- A **standardized behavior screening questionnaire** is better at identifying problems than relying on caregivers to raise concerns voluntarily (see *Canine Quick Screening Questionnaire* handout).
- A screening questionnaire aids in identifying behavior concerns across pets' lifespans, especially in older pets where a behavior change may be the first or only sign of a medical disease.

- A standardized behavior screening questionnaire:
 - is a time-efficient way to identify patients needing further workup.
 - can easily be scanned into the permanent medical record to facilitate yearly tracking.
 - can be given to the caregiver to fill out at every visit, regardless of presentation.
- Screening questionnaires can be completed by caregivers either prior to the appointment date (sent via email or electronic medical record software) or between check-in and the start of the exam.
 - Includes only broad questions to identify areas for further investigation.
 - New behavior concerns may indicate an underlying medical concern, which needs to be further evaluated.
- Practitioners can use the provided information to discuss workup and treatment with the caregiver as they would for any other medical concern.
 - Decide whether to address the concern in-house or refer the entire case or only certain portions (Figure 1.1).
 - Referral without taking on any specific case responsibility is still an extremely valuable service and elevates the standard of care.
 - Refer as appropriate, or schedule in-clinic consecutive appointments to cover all aspects of case management.
- Document recommendations in the medical record to ensure liability protection and to allow follow-up at subsequent patient visits.
- This approach is preferred over no assessment or not responding to the caregiver's stated behavior concerns, even if the caregiver ultimately does not follow the given recommendations or referrals.

The 5 Ms: Individual Components in the Diagnosis and Treatment of Behavior Cases (Table 1.1)

- **M-1. Medical workup.**
 - Performed on all patients.
 - Complete history, physical exam, and watch movement/mobility.
 - Be alert for medical contributions (e.g., pain or disease), especially in older patients.
 - Patients with normal but unwanted behaviors (e.g., jumping up, not coming when called, and scratching caregiver in play) may be referred to a trainer with no further workup.
 - Minimum database for all others includes CBC, chemistry profile, urinalysis, and thyroid evaluation.
 - TT4 can be used for screening.
 - Need TSH and free T4 (or the full Michigan State University Thyroid Panel) to confirm a low TT4 result in dogs.
 - Medical imaging, fecal panel, allergy testing, pain medication trial, and others may be indicated depending on the case.
 - See Chapter 2, Ruling Out Medical Disorders for more information.
- **M-2. Management/environmental safety plan.**
 - Prevent access to known triggers and triggering situations.
 - Make specific safety recommendations to prevent bites or other injuries.



■ Fig. 1.1. Decision algorithm for referral.

TABLE 1.1.1. 5 Ms of behavior case management

Veterinarians may choose which aspects to treat in-house and which to refer.

Medical workup	Management plan	Medication assessment and RX	Mental enrichment	Behavior Modification
<p>Be alert for medical contributors. Specific workup depends on the type of problem, age of the pet, and medication assessment.</p> <p>Every case: Complete physical exam includes assessment of movement/pain.</p>	<p>Environmental plan to improve safety and learning success.</p> <p>Every case: Avoid/modify environmental factors that fuel unwanted behavior.</p>	<p>Every patient should be assessed.</p> <p>Usually indicated with anxiety, fear, or aggression.</p>	<p>Assure species-specific behavior needs are met.</p> <p>Every case: Problem-solving: <ul style="list-style-type: none"> • Training. • Food toys. • Unfettered time. • Novelty. Exercise. Social outlets.</p>	<p>Improve caregiver skills. Improve pet's skills. Improve pet's emotional response.</p> <p>Every case: Reading pet body language. Awareness of human body language. Species-based knowledge and expectations. Importance of least intrusive, minimally aversive (LIMA) approach.</p>
<p>Atypical onset age, all patients beginning medications, all senior pets. CBC, chemistry profile, UA, thyroid panel.</p>	<p>Immediate stress reduction. Immediate safety. Keeps the problem from worsening while starting treatment.</p>	<ul style="list-style-type: none"> • Short-acting/situational. • Long term/daily. • Both. • Nutraceuticals. • Pheromones. • Probiotics. 	<p>Dogs:</p> <ul style="list-style-type: none"> • Running. • Playing. • Chewing. • Scenting. • Breed-specific needs. • Social interactions per individual need. 	<p>Foundation skills for pets</p> <p>Examples:</p> <ul style="list-style-type: none"> • Attention on cue. • Relax on cue. • Touch/hand target • Cue-response—reward pattern of interaction.

(Continued)

TABLE 1.1.A. (Continued)

Veterinarians may choose which aspects to treat in-house and which to refer.

Medical workup	Management plan	Medication assessment and RX	Mental enrichment	Behavior Modification
<p>Exceptions</p> <ul style="list-style-type: none"> Safety concerns—send home pet with PVPs and return at another time for evaluation with or without sedation. Normal pet/training only. <p>Additional testing as indicated by medical history and lab results:</p> <p>Fecal/panel, allergy testing, medical imaging, urine C/S, ACTH stimulation, pain control trial.</p>	<p>May be restrictive. For example, confine before guests enter home. May be temporary or permanent depending on response to treatment and behavior modification.</p>	<p>First-line therapy—NOT a last-ditch effort. All other Ms should accompany prescriptions.</p>	<p>Cats:</p> <p>Security from unfamiliar or unbonded housemate cats. Multiple areas for feeding, drinking, litter boxes. Climbing + vertical space. Food/puzzle toys. Toy rotations. Safe outdoor exploration:</p> <ul style="list-style-type: none"> Leash training. Catio. Purrfect Fence. 	<p>Professional behavior therapy.</p> <p>Desensitization. Counterconditioning:</p> <ul style="list-style-type: none"> Classical. Operant. <p>Use of space as reinforcer. Pattern games. Therapeutic/strategic re-intro to problem situations.</p>

- Stop the pet from being reinforced for unwanted behavior.
- Modify the environment to set the pet up for success.
- May include basic safety tools such as a leash or basket muzzle for situations that cannot be avoided (e.g., veterinary visits).
 - See Chapters 19–106 and [Online materials](#), “Aggression/Canine: Classification, Overview, and Prognosis; Aggression/Feline: Classification, Overview, and Prognosis; Anxieties, Fears, and Phobias: Canine General Overview; Anxieties, Fears and Phobias: Feline General Overview; Compulsive and Repetitive Behavior Disorders: Canine Overview; Compulsive and Repetitive Behavior Disorders: Feline Overview; Inappropriate Urination Algorithm: Feline” for more specific management tools and techniques for each diagnosis.



■ **M-3. Medication assessment and prescribing where indicated.**

Set your medication plan up for success: Medication is unlikely to be successful on its own. All prescriptions should include recommendations or referrals for the other four Ms.

- **NOTE:** Medications are only appropriate for behaviors that are motivated by fear, anxiety, stress, or high arousal states. They are not indicated for behaviors that are nuisance and unwanted by the caregivers nor for those that will resolve with an improved environment.
- Veterinarians should never prescribe based solely on the recommendations of a trainer.
- Medication should be considered the first-line therapy, not a “last-resort” intervention.
- Behavior medications do not change the pet’s relationship to the inciting stimuli nor do they teach new behaviors, making environmental management and behavior modification crucial aspects of care.
- Behavior medications help quiet overactive alarm systems in the brain to facilitate learning and improve nervous system function.
 - Sedation is not desirable nor necessary except for certain situational uses (e.g., veterinary visits).
- First-line medication choices tend to be safe and well tolerated if the minimum database is normal.
 - Daily medications:
 - Reconcile®, Clomicalm®, other SSRIs, or TCAs
 - Short-acting situational medications:
 - ◆ Trazodone
 - ◆ Gabapentin
 - ◆ Clonidine
- Common indicators for medication use:
 - Excessive arousal, hypervigilance, or impulsivity that complicates the behavior problem.
 - Situational anxiety or fearfulness plays a role in the problem.
 - Generalized anxiety or fearfulness plays a role in the problem.
 - Aggression toward familiar people or other pets that is easily triggered despite nonintrusive body language and benign interactions by people and/or other pet(s).
 - Aggression toward unfamiliar people or pets that is so intense that management/avoidance is difficult.

- A seemingly “normal” unwanted behavior that fails to respond to competent, least intrusive, minimally aversive training.
- Pet seems flat and non-expressive despite normal medical assessment and minimum database.
- Pet hides frequently and does not perform species-typical behavior.

■ M-4. Mental enrichment.

Canine:

- Close bonds with another species require recognition and respect for their unique needs. Animals cannot stifle hardwired behaviors to fit human society. Animals need outlets for their species-driven behaviors. Unfulfilled needs lead to frustration, anxiety, and unwanted behaviors.
- In general, animals do best when they have opportunities to solve problems, encounter novel stimuli or environments, engage in behaviors unique to their species, and make species-appropriate social bonds.
- Dogs need to chew and run, play and rest, and be in frequent contact with their preferred associates—which can include humans or other household pets.
- Not all dogs want to be social with other dogs or with unfamiliar people.
 - Individual differences must be respected.
- Breed selection may create additional needs such as scenting, herding, hunting, and retrieving.
 - When full participation is not safe or feasible, substitute activities may be provided to meet the need (e.g., flirt poles).
- “Sniffaris”—that is, walks through fields, wooded areas, or other desired environments where the pet is allowed to sniff at their own pace.
- Use of rented spaces such as [Sniffspot](#).
- Formal activities and sports, such as scent work, Treibball, agility, barn hunt, and dock diving.
 - See Chapter 5, Creating the Best Home for a Dog; see Chapter 7, Starting Puppies Off Right.

Feline:

- Cats need to spend time daily in food acquisition/hunting, as well as sitting quietly watching. Outdoor cats may travel long distances each day, something that is not possible in indoor-only cats.
 - Substitute activities include:
 - Food puzzle toys, hiding food, small meals offered four or more times per day.
 - Elevated hiding and multiple perching places near windows or other areas where household cats congregate.
 - Encourage movement and travel through toys and feeding placement within the home.
 - Frequent new toys (may be homemade) and toy rotation provide novelty and encourage engagement.
- Cats also need to feel socially safe.
 - Not all cats are capable of making new cat friends. Adding a new cat to the household, traveling to another home where cats live, or blending households may be difficult for certain individuals.



- Adaptations to foster coexistence include:
 - Multiple food, water, and litter locations.
 - Elevated walkways and resting/hiding locations, especially in high-value areas like the bedroom or the only window (See Fig 1.2).
 - ◆ Secure and safe hiding places, near necessary resources (e.g., food, water, litterboxes, preferred windows or doors, and areas near preferred humans) and in common social pressure points in housing (e.g., hallways and stairways).



■ **Fig. 1.2.** These elevated perches provide increased territory and space for a cat to escape or hide when needed.

- Consider that the cat may not want another cat!
 - ◆ See Chapter 6, *Creating the Best Home for a Cat*; see Chapter 10, *Starting Kittens Off Right*; see [Online material, Introducing New Pets to Resident Pets](#).
- **M-5. Behavior modification.**
 - Modify human behavior.
 - Improve the ability to read body language.
 - Meet species-specific needs and understand normal behaviors.
 - Consistent and predictable communication and interactions with the pet.
 - Cue–response–reward pattern.
 - Improve caregivers' ability to recognize and avoid problematic situations.
 - Modify pet behavior.
 - Foundation skills
 - For example, attention on cue, relax on cue, behind me, and touch/hand target.



- ◆ See Chapter 13, Anyone Can Train a Dog or Cat; see Chapter 14, What Skills Should Be Taught to a Dog or Cat from the Start.
- Problem-specific work
 - Professionally guided desensitization/counterconditioning.
 - ◆ See Chapter 15, How to Find a Trainer; see [Online material, Learning and Behavior Modification](#); see Chapters 19–106 and [Online materials](#), “Aggression/Canine: Classification, Overview, and Prognosis; Aggression/Feline: Classification, Overview, and Prognosis; Anxieties, Fears, and Phobias: Canine General Overview; Anxieties, Fears and Phobias: Feline General Overview; Compulsive and Repetitive Behavior Disorders: Canine Overview; Compulsive and Repetitive Behavior Disorders: Feline Overview; Inappropriate Urination Algorithm: Feline” for behavior modification techniques for each diagnosis.



Desirable Skills for a Veterinarian to Treat Behavior Cases (See Fig 1.1)

- The ability to apply current best practices to each case.
- Deep knowledge of medical conditions that present as behavior concerns.
- Understanding and familiarity with behavior pharmacology.
 - Veterinarians may start with a few first-line medications and build knowledge gradually to allow expanded options.
 - Veterinarians should never prescribe based solely on the recommendations of a trainer.
 - The veterinarian chooses specific medications based on patient needs, health, neurotransmitter targets, and medication side effects/drug interaction potential.
- Deep understanding of learning theory (or refer to Behavior Modification component).
 - Personally direct behavior therapy.
 - Supervise prescribed or referred behavior therapy.
- Commitment to frequent follow-up.
- Expert sources for consultation and/or referral.
 - DACVB for case consultation/referral.
 - Certified trainer using evidence-informed force-free techniques.
 - Refer out.
 - See Chapter 15, How to Find a Trainer.
 - Behavior educated clinic staff:
 - General training for clinic patients with normal/unwanted behaviors.
 - Assist in triaging cases and maintaining emotional medical records.
 - Create puppy/kitten behavior wellness opportunities.
 - Create cooperative care training opportunities for clinic patients.
 - Implement training/behavior modification for clinic patients.
 - In consultation with prescribing clinic veterinarian or referring DACVB.

- Helpful (for dog patients)—but not required.
 - Separate entrances and exits to avoid waiting room interactions.
 - **Recessed scale with the nonslip rugs, level with the floor** (see *Scale is recessed level with ground* video in the companion website).
 - Large exam room.
 - Thunderease® or Zenidog® pheromone diffusers.
 - **Calming music** and auditory blocking using white, pink, or brown noise played in or just outside the exam room to reduce noise triggers.
 - Dog bed, water bowl, and food enrichment to facilitate comfort and relaxation.
 - **Portable or retractable visual barrier between staff and fearful or aggressive dog.** (see *Dog exam room setup with a retractable barrier* video in the companion website)
 - Webcam to allow viewing of dog and caregiver behind a visual barrier.
 - Allows assessment of body language.
 - Facilitates successful learning by reducing patient stress.
 - Ringbolt to the wall or floor with a secure tether (See Fig 1.3).



■ **Fig. 1.3.** These ringbolts are screwed directly into cement flooring. Metal tethers can then be connected to patient collar or harness for additional staff safety.

- Helpful (for cat patients)—but not required.
 - Separate entrance/exit for canine patients to avoid waiting room interactions.
 - Cat-specific exam room.
 - Feliway® pheromone diffuser.



- **Calming music** and auditory blocking using white, pink, or brown noise played in or just outside the exam room to reduce noise triggers.
- Cat bed, water bowl, litter box, climbing structures, and food enrichment to facilitate comfort and relaxation (See Fig 1.4).
- Ability to examine cat within carrier.



■ **Fig. 1.4.** Climbing structures in the exam room allow the patient to choose high areas for comfort if desired.

Additional Assessments

- Additional questions for caregivers of young animals or recent rescues allow proactive prevention.
 - Canine:
 - Realistic expectations.
 - House training progress and explore methods used.
 - Crate training versus conditioning to separation/isolation.
 - Socialization/social exposure check-in:
 - Expectations in public.
 - What to do and what not to do.
 - What socialization is not.
 - Puppy class—what to look for and what to avoid.
 - Feline:
 - Multicat households.
 - Limitations due to variations in sociability of individual cats.
 - Cat introductions.

- Best and worst combinations.
- Common social pressure points in housing.
- Litter areas and expectations.
- Scratching posts where and what kind.
- Meeting environmental needs for elevated space, hunting opportunities, and novelty.
- See Chapter 4, Bringing Home the Rescue Dog or Cat; see Chapter 7, Starting Puppies Off Right; see Chapter 10, Starting Kittens Off Right

Abbreviations

See the Abbreviations in companion website at www.wiley.com/go/pike/behavior.



Suggested Reading

See the Suggested Reading in companion website at www.wiley.com/go/pike/behavior.



Suggested Website

www.dacvb.org/resource/resmgr/docs/ACVB_Dog_Training_Orgs_with_.pdf



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