

Owner perceptions and management of the adverse behavioural effects of fireworks on companion animals: an update

MC Gates^{*§}, S Zito[†], JK Walker[†], AR Dale[‡]

* School of Veterinary Science, Massey University, Private Bag 11222, Palmerston North 4442, New Zealand

† New Zealand Companion Animal Council, PO Box 4, Waiuku, Auckland, 2341, New Zealand

‡SPCA, PO Box 15-309, New Lynn, Auckland, 0640, New Zealand

§Author for correspondence. Email: E-mail: c.gates@massey.ac.nz

Supplementary Table 1. Online survey used to determine the perceptions and management of fearful behaviours of companion animals to fireworks.

Fireworks And Your Animal(s)

SPCA and New Zealand Companion Animal Council survey on animals and fireworks

This anonymous survey will gather information about your animal(s) experiences with fireworks to help the SPCA and the New Zealand Companion Animal Council better understand the impact that they may have on our animals.

The results will be compared to the results from the same survey carried out ten years ago by SPCA Auckland and the School of Natural Sciences at Unitec.

Please help in this important research by taking the time to complete this short survey. If you proceed to answer this survey, which will remain anonymous, you are consenting to the use of your answers in this study.

If you have any questions at all about this survey, please feel free to contact Dr Arnja Dale at SPCA National Office on arnja.dale@spca.org.nz or (09) 827 6094 or Dr Jessica Walker at the New Zealand Companion Animal Council on manager@nzcac.org.nz or 021 555285.

Please answer the following questions honestly. We thank you in advance for your time!

* 1. This survey is only for residents of New Zealand.

Do you reside in New Zealand?

☐ Yes

☐ No

Fireworks And Your Animal(s)

Section One: Demographics

2. What animals do you own? (Please state how many of each)

Cat(s)

Dog(s)

Bird(s)

Horse(s)

Other(s)

3. How many of your animals are frightened of fireworks? If none of your animals are frightened please go to Question 13.

4. What species are your frightened animal(s)?

Animal 1	<input type="text"/>
Animal 2	<input type="text"/>
Animal 3	<input type="text"/>
Animal 4	<input type="text"/>
Animal 5	<input type="text"/>
Animal 6	<input type="text"/>
Animal 7	<input type="text"/>
Animal 8	<input type="text"/>
Animal 9	<input type="text"/>
Animal 10	<input type="text"/>

5. Please fill in the following for your frightened animals.

	Dog breed	Cat Breed	Age	Sex
Animal 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other breeds (please specify)

If you have a frightened animal(s) that is not a cat or dog please write in their breed here.

6. Please fill in the following table for your frightened animal. (Please refer to the same animal as above).

	How scared is your animal?	Where did you get your animal from?	Has this fear increased over time?
Animal 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal 10	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. When your animal is frightened by fireworks, what does it do? (Please refer to the same animals as above and tick as many boxes as apply).

	Vocalising	Destructive Behaviour	Shivering/Trembling	Attempting to hide/hiding	Urination/defecation	Cowering	Escape/runaway
Animal 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

8. How long are your animals frightened for? (Please refer to the same animals as above and select the time frame that applies).

	The duration of the fireworks	For the following couple of hours	For the following day	For the following couple of days	For a week or more
Animal 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Fireworks And Your Animal(s)

Section Two: Treatment

9. Have you ever sought help or treatment for your animal(s)' fear of fireworks? (Please select)

- ☐ No (please go to question 13)
- ☐ Yes, by an animal behaviourist
- ☐ Yes, by a veterinarian
- ☐ Yes, by an animal trainer
- ☐ Other (please specify)

10. How successful was this treatment? (Please select)

- ☐ Not at all
- ☐ Mildly successful
- ☐ Successful
- ☐ Very successful
- ☐ Extremely successful

11. Have your animal(s) been desensitised to loud noises using an audio recording of fireworks, thunderstorms, gunshots, or other loud noises? (Please select)

- ☐ Yes
- ☐ No
- ☐ Don't know

12. Have your animal(s) ever been prescribed any medication for fireworks anxiety? (Please select)

- ☐ Yes
- ☐ No

If yes, what medication?

13. If no, have you considered seeking help? (Please select)

Skip this question if you previously answered that you have sought help or treatment for your animal(s)' fear of fireworks in question 9.

- ☐ Yes
- ☐ No

If no, why:

14. Are your animal(s) frightened of other loud sounds? (Please select)

- ☐ Yes
- ☐ No

If yes, please detail:

15. During fireworks what do you do for your animal(s)? If you perform more than one behaviour for your animal please write it in the 'other' box available. (Please refer to the same animals as above)

	Bring your animal inside	Shut blinds/curtains	Leave your animal outside	Confine animal to one room	Comfort your animal	Nothing
Animal 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animal 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Fireworks And Your Animal(s)

Section 3: Fireworks and Injuries

16. Have your animal(s) ever been physically injured as a result of fireworks?

- ☐ Yes
- ☐ No (please go to question 19)

If yes, how many times?

17. Was the physical injury accidental, deliberate, or as an indirect result of fireworks e.g. injuries while trying to escape?

- ☐ Accidental
- ☐ Deliberate
- ☐ Indirect

Please briefly detail the incident and the animal involved

18. How severe was the injury?

- ☐ Did not require veterinary attention
- ☐ Required veterinary attention
- ☐ Required veterinary surgery
- ☐ Required euthanasia
- ☐ Resulted in death from the injury

Other (please specify)

Fireworks And Your Animal(s)

Section four: Fireworks displays

19. Do you and your family attend public fireworks displays?

- ☐ No
- ☐ Yes, with animal(s)
- ☐ Yes, without animal(s)

20. Do you or your family buy fireworks for home use?

- ☐ No
- ☐ Yes, only sparklers
- ☐ Yes, other fireworks

21. What town or district do you live in?

22. Do you support the ban on the private sale of fireworks?

- ☐ Yes
- ☐ No
- ☐ Undecided

23. Do you have any comments you would like to share with us about this survey?

Thank you so much for your time and assistance.