

## Behavior Questionnaire: Feline

Please return this questionnaire to us at least 7 days prior to your appointment date. This allows us time to review your cat's case, and come up with a treatment plan specifically for them. If we do not receive the questionnaire in that timeframe, we will need to reschedule your appointment.

Please fill out this questionnaire to the best of your ability. If an answer is not known, please write in "unknown". Answer all questions included in the packet, unless it states to skip a section due to your previous answer. Even if you think the question might not pertain to your cat's case, it can provide us with very valuable information to help us make a treatment plan for your cat.

If you need to you can attach extra sheets of paper with a detailed response if you need more room for your answer (we love details!) please write the question at the top of the paper so we can easily see which question your response goes to.

There is no such thing as too much detail when it comes to behavior, and if you have any videos or photos please forward them to us, or show me at your appointment.

### General Information:

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_

Do you or anyone in your family have any food allergies? Yes No

If yes, please list :

### Patient Information:

Pet Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

DOB/estimated age: \_\_\_\_\_ Sex: Male Female

Spayed/Neutered: Yes No Age at Spay/Neuter: \_\_\_\_\_

Age when adopted: \_\_\_\_\_

Date adopted: \_\_\_\_\_

Where did you obtain your cat?

Why did you adopt your cat?

If you got your cat as a kitten, describe their behavior/personality as kitten:

Did your cat have previous owners? Yes      No      Unknown

If yes, please describe previous homes (where, time frame, with who, foster home, shelter, etc)

Describe your cat's personality:

What are some good qualities about your cat?

Home Environment:

List each family member in your household (include yourself):

Name	Occupation	Relationship	Sex	Age	Describe how they get along with cat	Check box if they will be present at appt.

List other pets in the household:

Name	Species	Breed	Sex	Spay/Neuter Yes/No	Age	Describe how they get along with cat

List the order below in which you obtained the pets: (#1 is who you had first)  
Describe in detail your house, yard, and neighborhood: (number of floors, apartment, house, condo, fenced in yard, type of fence, in the city, etc)

Behavior Concern(s):

Describe in detail the primary problem:

\*Please include specifics such as when the problem started, frequency of events, what your cat does in detail, approximate or exact dates, and the result of the behavior(s).

If additional concerns please list specifics below:

What do you think caused the problem(s)?

Describe at least 3 specific incidents in detail:

\*Include who was present, what occurred, be specific

Describe what has been implemented to resolve your cat's behavior problem(s) and the outcome:

List any and all medications/supplements that your cat currently takes:

Date started	Drug Name	Strength	Frequency	Purpose/Outcome	Comments

List any previous medications/supplements that have been tried for behavior, and why they were stopped:

Please let us know how you feel about using medications for behavior problems:

-Select your preference number

1. I wish to use behavior modification alone to improve my pets behavior problems
2. I wish to use behavior modification alone, but will consider using medications if advised by the veterinarian
3. I wish to use a combination of behavior modification and medications to improve my pets behavior problem
4. I wish to use a combination of behavior modification and supplements to improve my pets behavior problem
5. I fully anticipate using medications to improve my pets behavior problem

-Your preferences will be considered as the veterinary care team recommends an approach that best fits your pets behavior\*

Medical Information:

Please list and describe any current, pre-existing, or ongoing medical problems:

\*Medications should be listed in the above chart

## Diet/Nutrition:

Describe meals and feeding routine:

-Please include food brand, type, amount, frequency

Does your cat have any food allergies? Yes      No  
If yes, please describe:

Is your cat meal fed? Or is food out at all times?

Where is your cat fed at?

Include room and location of food bowl:

Does your cat finish each meal? Yes      No

Describe treats: Types, brand, when they are given

What are your cats favorite treats?:

## Activities/Exercise:

Describe a typical 24hr day for your cat and family: Include specifics regarding when you get up, exercise, playtime, rest time, when they are alone, work/school schedules, when specific behaviors occur, etc.

What is your cat's activity level in general?

Low

Average

High

Excessive

Does your cat have a favorite game they like to play? Or a favorite toy?

Yes      No

If yes, please describe:

Where is your cat's preferred sleeping spot during daytime hours? Please describe below:

Where does your cat sleep at night?

Does your cat wake you up at night? Yes      No

If yes, please describe below:

Is your cat indoor, outdoor, or both?

If outdoors or both, how often are they outside? And is it supervised?

If you have other cats, please indicate if they are also indoor, outdoor, or both:

Describe your cats reaction to the following:

	Loves it!	Playful	Uncertain	Dislikes	Unknown	Comments
Wet food						
Hard treats						
Lickable treats						
Seafood/Tuna						
Other foods						
Catnip						
Toys						
Laser						
Cat Tree						
Scratching posts						
Going outside						
Hunting						
Rough Housing						
Fetch						

Does your cat have a preferred playtime? Yes      No

If yes, please explain:

Do you have regularly scheduled playtimes with your cat? Yes      No

If yes, how long and how often?

Describe climbing/hiding tendencies:



Grooming:

Does self grooming seem to be:

Less than normal                       Normal                       More than normal

When is your cat most likely to groom?

Does your cat groom other cats in the household? Yes                      No  
If yes, who?

Scratching:

Is your cat declawed?

No                       Front Only                       Front & Rear

Does your cat's scratching seem to be:

Less than normal                       Normal                       More than normal

Does your cat have a scratching post? Yes                      No  
If yes, please list how many, where they are, and describe them:

Does your cat scratch any areas or objects other than the scratching post?  
Yes                      No  
If yes, please describe:



## Handling:

Please indicate how your cat reacts to each of the following:

	Calm	Playful	Uncertain	Fearful	Confused	Friendly	Aggression	Comments/Describe how you react
Petting of head/neck								
Petting of back/tail								
Belly Rubs								
Brushing								
Hugging/ Kissing								
Holding on lap								
Nail trim								
Ear handling/ cleaning								
Eye cleaning/ Meds								
Bathing								
Teeth Brushing								
Picking up								
Oral Meds								

Please comment on any differences in your cats response to handling by different family members:

## Training:

Describe any training you have done or attempted with your cat:

If they can do any tricks, please describe:

Have you tried any of the following techniques?

	Never	Tried	Use Often	Comments
Positive Reinforcement				
Food rewards				
Clicker				
Harness				
Verbal Reprimand				
Physical Punishment				
Scruffing				
Pinning				
Picking Up				
Water Sprayer				
Air Sprayer				
Time Out				
Other				

How do you feel about punishing your cat?

Miscellaneous:

Please indicate if your cat does any of the following:

	Does not occur	Does occur, but not concerned	Does occur, would like to improve	Comments/Describe how you react
Jumps on counters/tables				
Gets on furniture where not allowed				
nips/grabs w/ mouth/"play bites"				
Scratches people				
Destructive Chewing				
Destructive Scratching				

Elimination Problems:

Does your cat eliminate unwanted locations?    Yes        No  
If yes- please continue, If no- skip to next section

Please specify where your cat is going:

How would you describe the severity?

Describe the first incident:

(cats age, any changes in household, changes of litter/litter box, changes in urine/fecal, when problem started, etc)

How many litter boxes do you have in the household?

Where are they in the house?

Please be specific:

Types of litter boxes?

(covered, uncovered, automatic, tray, etc)

What kind of litter is used?

(brand, type, scented/unscented, etc)

How often is the litterbox scooped?

How often is the litterbox deep cleaned?

(emptied, washed, dried)

Is the litter box lined or unlined?

If lined, with what?

Was your cat ever completely "litter trained"? Yes      No

If yes, what age?

Has your cat ever had any problems with the urinary tract/gastro-intestinal tract?

Yes      No

If yes, please explain:

Did this precede the house soiling issue? Yes      No

If your cat has any medical problems, please describe:

Describe your cats defecation:

Select all that apply

Normal     Less Frequent     More Frequent     Hard Stool

Loose Stool/Diarrhea     Straining     Vocalization

Describe your cats urination:

Select all that apply

Normal     Less Frequent     More Frequent     Decreased Amount

Increased Amount     Straining/Discomfort     Vocalization

Have you noticed any abnormalities with the stool? Yes      No

If yes, please describe below:

Have you noticed any abnormalities with the urine? Yes      No

If yes, please describe below:





Is there a preferred litter box? Yes      No

Please describe:

What percentage of urine is outside of the litter box?

Vertical or Horizontal surface?

What percentage of stool is outside of the litter box?

Can you think of any pattern when the problem is most likely to arise?  
(seasons, days, times)

Have you tried:

Different litters?              Yes      No

Different depths of litter?    Yes      No

Other box types?              Yes      No

Have you tried pheromones? Yes      No

If yes, please explain

### Fear & Anxiety:

Does your cat ever exhibit fear or anxiety? Yes      No

If no- please skip section, If yes- please continue

Please indicate how your cat reacts to each of the following:

	No response	Shyness or timidity	Hissing/growling, but no attack	Bites or attacks, but stops when threat removed	Bites or attacks, will chase	Describe cat's reaction/level of arousal in the situation: Mild, Moderate, High or Excessive
Car Rides						
Storms						
Noises outside of home						
Noises inside of home						
Vet visits						
Professional Grooming						
Grooming at home						
Nail Trim						
Change in routine						
Familiar visitors						
Unfamiliar people						
Party/ Celebration						
Arguments						
Unfamiliar or stray animals						
Remodeling/ Construction						
House cleaning/ Carpet cleaning						

How long does it take your cat to return to normal after these situations?

Is there anything not listed above that you would like to add? Yes      No  
If yes, please describe:

### Aggression Towards People:

Does your cat demonstrate any aggression (growl, snap, bite) towards people?  
Yes      No

Is aggression your primary reason for the behavior consult? Yes      No  
If no- skip to next section, If yes- please continue

Has your cat ever displayed aggression towards immediate family? Yes      No

Has your cat ever displayed aggression towards unfamiliar people? Yes      No

Have your cat's bites ever caused serious injury? Yes      No

What is the potential for injury?

\_\_ None- aggressive events are preventable

\_\_ Minimal

\_\_ Moderate

\_\_ Severe

In what situation does your cat display aggression?

Describe what happens before the displayed aggression?

What do you do when your cat displays aggression?

What is your cat's response to your reaction?

If necessary, could you predict and avoid all situations in which aggression might arise? Yes      No

Aggression Towards Other Animals:

Has your cat ever displayed aggression to other household pets? Yes      No  
If yes, please specify who:

Has your cat ever displayed aggression to outdoor cats? Yes      No

Expectations:

Is there anything you want us to know about your cat and/or family?

Describe your goals and expectations for your cat:

Describe your goals and expectations for your behavior consultation:

Describe how you learn best: