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BEHAVIOR QUESTIONNAIRE FOR CATS

Client Name: _____ Date: _____
Address: _____ Patient: _____
City, Zip: _____ Species: _____
Phone: H: _____ Breed: _____
W: _____ Sex: _____ Color: _____
Age: _____ Weight: _____
Date of birth: (if known) _____

Veterinarian: _____
Clinic: _____ Referred by (if other than veterinarian): _____
Address: _____
Phone: _____

Medical History:

Is your cat neutered/spayed? YES / NO
If YES: at what age was the surgery performed? _____
reason for procedure: *routine / attempt to modify behavior*
any behavior changes after procedure? YES / NO

Is your cat declawed? YES / NO
If YES, age of cat at the time of surgery? _____
Any complications? _____
Do you recall the type of litter used after the procedure? _____

Provide dates for most recent vaccinations, if applicable:

Rabies: _____ Feline Distemper: _____
Feline Leukemia Vaccine: _____ Other: _____

List current medications:

List conditions for which your cat has been treated, medication prescribed, and approximate dates:

Background Information:

Date (approximate) you acquired your cat: _____

Cat's age at the time: _____

Where did you get your cat? *SPCA / rescue group / pet shop / professional breeder / other*

Are you his/her first owner? *YES / NO*

If No, how many previous owners? _____ Do you know why he / she was given up? _____

Which traits describe your cat as a kitten: *friendly / outgoing / shy / fearful / aggressive / playful*

Please indicate the reason you decided to adopt this cat: *companionship / show / other*

Have you owned pets before? *YES / NO*

How did you select this particular cat over the others? _____

Do you know the status of your cat's littermates? _____

Home Environment:

Describe your home as a *single family house / duplex / apartment / trailer*

Have you relocated since you've owned this cat? *YES / NO*

If Yes, please list approximate dates: _____

List all members of your household; ages of children; hours per day away from home:

	Name	Age (children)	Hours away
1.			
2.			
3.			
4.			
5.			

Please list all household pets in the order acquired:

	Name	Species	Breed	Sex	Age	Age Acquired
1.						
2.						
3.						
4.						
5.						
6.						

Describe your cat's relationship to the others animals within the household:

Management:

Section 1: Please describe a typical 24-hour day in the life of your cat:

Section 2:

What % of the day does your cat spend indoors? _____ %

Do you have a fenced yard? *YES/NO* Does your cat run unsupervised outdoors?

Where does your cat sleep at night?

Where is your cat's favorite resting spot when you are home?

Describe your cat's favorite toys:

Describe any interactive games that you play with your cat and note frequency:

Does your cat perform any special tricks?

Does your cat usually follow you from room to room? *YES / NO*

Does your cat have free access to the house when you leave? *YES / NO*

How does your cat behave when you prepare to leave home? *no reaction / looks "sad" / hides / aggressive behavior*

How does your cat behave when you return home? *no reaction / greet / brief excitement / hides*

Does your cat use a scratching post? *YES / NO* If yes, type of post:
location:

List or describe the types of items that your cat chews or scratches, if applicable: _____

What specific brand and type of food do you feed your cat? _____

How long have you been feeding your cat this diet? _____

Number of meals per day: *1 / 2 / 3 / ad lib*

Which family members are responsible for feeding? _____

Location of bowl(s): *kitchen / laundry / basement / other* _____

When does your cat eat "table food"? *special occasions / after you have eaten / while you eat / never*

Cat's favorite treats:

Describe your cat's reaction to thunderstorms: *no reaction / hide / follow person*

Please describe your cat's overall activity level: *excessive / high / moderate / low / very low*

BEHAVIORAL DETAILS:

- 1. Please describe the **main behavior problem** or complaint:

- 2. Describe the first episode:

- 3. Describe a typical episode:

a. The behavior occurs: ___ times per *day / week / month*

Please answer the following questions for the main problem:

When did you first notice the problem?

Describe the first incident:

Describe the most recent episode (include approximate date):

Please describe several representative episodes *in detail*. Include the posture of the cat (*ears up or back? tail up or down? tail wagging or flicking? crouched or upright?*). Describe any vocalization by the cat (*growl/ hiss?*).

_____ #1
approx. date

_____ #2
approx. date

_____ #3
approx. date

Has the frequency of the behavior *increased / decreased / remained unchanged?*

Has the intensity of the problem *increased / decreased / remained unchanged?*

When did the problem become a serious concern, and why did you decide to seek the advise of a veterinary behaviorist?

Circle any household changes that occurred within 3 months of the onset of the problem.

- a) status of household pets: *additional pet / loss of pet / illness*
- b) status of household people: *new member / loss of person / pregnancy / illness*
- c) change of employment status: *new location / new schedule*
- d) other changes?

What measures have you taken to correct the problem?

How do you generally discipline your cat, and how does (s)he respond?

Please subjectively rate your perception of the main behavior problem:

- 1. not serious
- 2. nuisance but tolerable
- 3. not tolerable but would keep this cat if behavior persists
- 4. not tolerable—will give away or euthanize cat if behavior persists

Please list any additional behavior problems or concerns you experience with your cat:

- | Behavior: | Frequency: |
|-----------|---|
| 1. | ___ times per <i>day / week / month</i> |
| 2. | ___ times per <i>day / week / month</i> |
| 3. | ___ times per <i>day / week / month</i> |

Aggression Survey: Please answer the following questions if your cat has bitten a person.

Indicate the age of your cat and circumstances surrounding the first bite.

Age of cat: _____

Number of bites requiring medical attention: _____

Who were the targets of the aggression? _____

Body parts bitten: *hands / arms / legs / face / chest / buttocks / other*

Is the aggression predictable? YES / NO

Do the attacks appear unprovoked? YES / NO

Is the cat docile afterward? YES / NO

Does he appear disoriented afterward? YES / NO

Does he appear sorry afterward? YES / NO

Do you notice a glazed expression during an attack? YES / NO

Please circle your cat's response to the following:

To cats seen outside the window: *ignore / hiss / growl / urinate / run away / other*

To being brushed: *purr / growl / hiss / bite / swat / "tolerates it" / "loves it"*

To being petted by family: *purr / growl / hiss / bite / swat / "tolerates it" / "loves it"*

To being held in arms or lap: *purr / bite / struggle / rest quietly / hiss*

How does your cat behave toward visitors?

familiar visitors: *aggressive / friendly / shy / hides*

unfamiliar visitors: *aggressive / friendly / shy / hides*

children: *aggressive / friendly / shy / hides*

Under what circumstances does your cat meow? _____

Under what circumstances does your cat hiss? _____

Under what circumstances does your cat growl? _____

Does your cat mount people or other animals? _____

What is it like to medicate your cat? *easy-pop in the mouth / hide the meds / never tried / NO WAY*

Aggression Screen		N/R	Hiss	Growl	Swat	Bite	N/A	Comments
1.	Pet cat							
2.	Lift cat to hold							
3.	Approach / pet while resting							
4.	Lift off furniture or counter							
5.	Approach or touch while eating							
6.	Take toy or coveted object							
7.	Approach when cat is near his/her special person							
8.	Enter or leave room							
9.	Stare at cat							
10.	Speak to cat							
11.	Verbally punish							
12.	Physically punish							
13.	Put leash, harness or collar on							
14.	Trim nails							
15.	With veterinarian							
16.	With groomer							
17.	Unfamiliar visitor enters house							
18.	Unfamiliar visitor pets cat							
19.	Familiar visitor enters house							
20.	Familiar visitor pets cat							

N/R=NO REACTION

N/A=NOT APPLICABLE

Litter Box Information:

How did you litter train your cat?

Does your cat urinate outside the litter box: *never / rarely / sometimes / often / most of the time (list locations used)*

Does your cat defecate outside the litter box: *never / rarely / sometimes / often / most of the time (list locations used)*

Please describe the number, type (e.g. hooded, open), and locations of litter boxes in your home:

When did you last change to a new litter box, type, or location? _____

What specific brand and type of kitty litter do you use: _____

--when did you last switch brands or types? _____

--what depth of litter do you routinely put into the box? _____

Do you use a liner in the box? YES / NO

Maintenance of boxes:

Scoop clumps or feces: *2+ times daily / daily / ____times per week*

Dump entire contents of box: *daily / weekly / every 2 weeks / other*

Wash box: *daily / weekly / every 2 weeks / other*

Type of cleaner: _____

Does your cat cover urine and/or feces in the box? YES / NO

Does your cat scratch inside or near the box? YES / NO

** For cats exhibiting inappropriate elimination or intercat aggression, please supply a sketch of the floor plan of your house. Note windows, doors, and the location of all scratching posts and litter boxes. Please mark any areas of inappropriate elimination with an X.