



FELINE BEHAVIOR CONSULTATION QUESTIONNAIRE

GENERAL INFORMATION

Name: _____

Address: _____ Postal (zip) code: _____

Email: _____

Phone: Home: _____ Business: _____ Fax: _____

For referred cases:

Veterinarian's name & clinic: _____

Clinic phone: _____ Clinic address: _____

How did you hear about our service? _____

Household Composition - People

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Describe briefly how your pet gets along with each family member including any problems:

Regular visitors that your dog interacts with, such as employees, housekeepers, personal assistants, and landscapers. Also, please describe any specific difficulties:

PET INFORMATION

Pet's name: _____ Breed: _____

Color: _____ Date of birth: _____ Weight: _____

Sex: M F Neutered/Spayed? Y N Age neutered/Spayed: _____

Declawed? Y N – Age at declawing: _____

Any change after neutering/Spay? _____

Any change after declawing? _____

Age obtained: _____ Where did you obtain this pet? _____

Breeder, if applicable: _____

Behavior of parents or littermates: _____

Household Animals

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M / F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Describe how your pets get along with each other: _____

ENVIRONMENT/LIFESTYLE

Why did you obtain your cat? (companion, breeding, etc.) _____

Type of food: _____ When is pet fed? _____

Describe eating habits (e.g., picky, voracious): _____

List treats or supplements: _____

How often are they given? _____

Favorite treat: _____

Do you give catnip? Y N How often? _____

Cat's reaction: _____

Does your cat hunt? Y N What does your cat hunt? _____

What does cat do with prey after caught? _____

Exploratory and self-play. Favored self-play toys: _____

Favored self-play games _____: Favored play times: _____

Does the cat have a play center? Y N

Describe: _____

Interactive play. List games/activities cat enjoys: _____

Who plays with cat? _____ How often? _____

Favored play times: _____

How long is the cat home alone on the average day? _____

Cat's reaction to being alone: _____

Is cat ever allowed outdoors? Y N Is cat ever outdoors unsupervised? Y N

How often and for how long? _____

Describe where cat stays/sleeps at each of the following times: _____

Daytime (when owners at home): _____

Daytime (when owners away): _____

Night-time: _____

When guests visit: _____

How does your cat react to the following: Car rides: _____

Unusual/loud noises: _____

Strangers in home: _____

New (non-family) cats: _____ New dogs: _____

REINFORCER ASSESSMENT

If your cat was allowed to have any treat, what would it prefer? List top five: _____

What other types of rewards would entice your cat (play toys, catnip, attention/affection). List top five: _____

FAMILY/RELATIONSHIPS

Who feeds? _____

Who grooms? _____

Who gives treats? _____

Who plays? _____

Who trains? _____

Briefly describe the family schedule, including how long the cat is left alone: _____

TRAINING

What commands does your cat respond to? _____

Describe your cat's learning ability: _____

Who does your cat respond to the best? _____

List any 'tricks' your cat can perform: _____

Have you used a body harness on your cat? Y N Cat's reaction: _____

HANDLING

How does the cat react to the following:

Restraining on your lap: _____

Nail trimming: _____ Grooming/brushing: _____

Giving pills: _____ Giving liquid medication: _____

Cleaning/treating ears: _____ Lifting/carrying: _____

Patting/stroking: _____ Bathing: _____

PERSONALITY

Briefly describe your cat's personality (friendly, bold, active, playful, aloof, independent, fearful, etc.): _____

PUNISHMENT

How does your cat react to each of the following types of punishment:

1. Physical: _____

2. Noise (siren): _____

3. Ultrasonic (Pet-Agree™): _____

4. Water sprayer: _____

5. Verbal: _____

What punishment is most effective? _____

Describe any punishment that has had an adverse effect: _____

Does the cat respond differently to different family members? _____

GROOMING, SCRATCHING, AND KNEADING

Does your cat groom itself? Y N If yes, does the grooming appear to be: normal
 excess less than
expected? _____

When is your cat most likely to groom? _____

Does your cat lick or groom: other cats in the home people in the home objects?

Are there situations/times of year that cause grooming to increase? Y N If yes, describe:

Does your cat have a scratching post? Y N If yes,
describe: _____

Does your cat scratch any areas/objects other than its scratching post or play areas? Y N
If yes, describe: _____

When is your cat most likely to scratch? _____

Are there any situations/times of year that cause scratching to increase? Y N If yes,
describe: _____

Does your cat knead? Y N If yes,
describe: _____

When is your cat most likely to knead? _____

Are there situations/times of year that cause kneading to increase? Y N If yes, describe:

Do you feel your cat's scratching, kneading, or grooming is unusual or excessive? Y N If
yes, describe: _____

ELIMINATION AND LITTER INFORMATION

Does your cat use a litterbox for stools? Y N sometimes

For urine? Y N sometimes

Does your cat also eliminate outdoors? Y N If yes, what percent of defecation is outdoors? ____ % What percent of urination is outdoors? ____ %

Does your cat dig/bury after eliminating? Y N

Does your cat housesoil? Y N If yes, check all that apply: urine horizontal surfaces
 urine vertical surfaces stools

Where is your cat's preferred elimination location? _____

How often is the litterbox cleaned/changed? _____

Litter Box location Type of litter Type of box

1. _____

2. _____

3. _____

Indicate which of the above boxes your cat prefers: _____

If you have more than one cat, do they have different litterboxes? Y N

Do the cats use each other's litter boxes? Y N If no, describe where each cat's box is located: _____

YOUR CAT'S HOME ENVIRONMENT

Describe your home: House, apartment, semidetached home, basement, trailer home, etc. _____ How many stories? _____ How many rooms? _____

Please describe of each floor of your home: _____

List all places your cat eliminates: _____

Indicate the location of each of the following:

Kitty litter: _____

Feeding location: _____ Play area: _____

Scratching post: _____

Site of inappropriate scratching: _____

Sleeping area (night-time): _____

Sleeping spots (daytime): _____

Site of inappropriate elimination/urine: _____

Site of inappropriate elimination/bowel movements: _____

FELINE ELIMINATION PROBLEM QUESTIONNAIRE

(please proceed to next section if your cat does not have an elimination problem)

Does your cat defecate outside the litterbox? Y N

If yes, how often does your cat defecate outside the litterbox? Few times a month Few times a week Daily Multiple times daily

When is the cat most likely to defecate outside the litterbox? _____

What percentage of stools are outside the litterbox? _____%

Where, other than the litterbox, does your cat defecate? List room(s) and type of surface(s):

Does your cat urinate outside the litterbox? Y N

If yes, is there a preference for urinating on: Upright surfaces, e.g., walls Horizontal surfaces, e.g., floors Both upright and horizontal

How often does your cat urinate outside the litterbox? Few times a month Few times a week Daily Multiple times daily

When is your cat most likely to urinate outside the litterbox? _____

What percentage of urination is outside the litterbox? _____ %

Where, other than the litterbox, does your cat urinate? List room(s) and type of surface(s):

Have you ever observed the cat soil outside the litterbox? Y N If yes, what did you do? _____

Does your cat continue to soil outside the box while you are observing? _____

Does your cat ever use its litterbox while you are observing? _____

Can you think of any pattern (seasons, days of the week) to the problem? _____

Was your pet ever completely 'houstrained'? Y N If yes, at what age was the cat fully trained? _____

What age was your pet when this problem started? _____

Describe the first incident: _____

Were there any changes in the household when the problem began? _____

Were there any changes associated with the litter or litterbox when the problem began?

What do you think caused the problem? _____

What has been done so far to try and correct the problem? _____

What was the cat's response? _____

List any techniques that have been at all successful: _____

List any techniques that have made the problem worse: _____

Is there a particular type of litter or surface your cat seems to prefer? _____

Are there any surfaces where your cat will not soil? _____

Have you tried other types of litter? Y N

Have you ever used litter with a deodorant? Y N If yes, describe litter and cat's reaction to each litter type: _____

Is there a particular type of litter box your cat seems to prefer? _____

Have you tried other types of litter box? Y N

If yes, describe boxes and cat's reaction: _____

Is there a particular location your cat seems to prefer for elimination? _____

Is there a room or location in your house where your cat does not soil? Y N

Have you tried other litter locations? Y N

If yes, describe locations and cat's reaction: _____

Do changes (moving, new furniture, vacations) dramatically affect your cat? _____

List any drugs tried so far, and the cat's response to medication: _____

List any medical problems and treatment that your cat has had: _____

Does any straining or pain accompany urination? Y N Or defecation? Y N

Any blood in the urine or stools? Y N

Is stool consistency normal? Y N If no, describe: _____

Any increase in frequency: Urine Y N Stools Y N

Describe: _____

Any increase in drinking? Y N Is there an increase in appetite? Y N

How often per day does your cat pass urine? _____ Stools? _____

FELINE SKIN DISORDERS

Please answer the following questions if your cat has a problem with overgrooming, behaviorally induced hair loss (psychogenic alopecia), rippling skin (hyperesthesia), or self-traumatic behaviors

Describe the problem: _____

When did the problem first begin? (cat's age, time of year, etc.) _____

Were there any changes in the household, which may have occurred just before the problem began? _____

Were there any changes in the cat's health or any other physical or behavioral changes when the problem began? _____

Has the severity, frequency, pattern, or type of hair loss changed since the problem first arose?
 Y N
If yes, describe: _____

Is there a particular event that is most likely to cause or aggravate the problem? _____

Is there a particular time of month or year that the problem gets worse or begins to improve?

Is the behavior more likely to occur when you are: at home out of the room at home in the room away from home no difference

What has been done so far to try and correct the problem? _____

What was the cat's response? _____

List any techniques that have been at all successful: _____

List any techniques that have made the problem worse: _____

List any drugs tried so far, and the cat's response to medication: _____

Do any pets in your household go outdoors? Y N If yes, which ones? _____

Do any other pets in the household have any skin problems? Y N If yes, describe:

Have any other family members or friends developed skin problems? Y N If yes, describe:

PRINCIPAL COMPLAINT

(it is not necessary to duplicate previous answers for elimination or skin disorders)

What is the primary problem? (aggressive, destructive, housesoiling, tail chasing, etc.)

How would you describe the severity of this problem? Mild Moderate Severe

Have you considered euthanasia? Y N Comment: _____

When did the problem begin? _____

What age was your pet when this problem started? _____

Describe the problem, beginning with the most recent incident: _____

Describe the first incident: _____

What do you think caused the problem? _____

Describe any changes in the home or the pet's health when the problem first started: _____

How often does the problem occur? _____

Has there been a recent change in frequency or severity? Y N If yes, describe:

What has been done so far to try and correct the problem? _____

What has been the cat's response? _____

List any techniques that have been at all successful: _____

List any techniques that have made the problem worse: _____

List any drugs (include dosage, frequency, when started, when stopped), dietary treatments, supplements, or remedies tried so far, and your cat's response to medication: _____

AGGRESSION

Is your cat aggressive toward family members? other people? other cats? other animals? Describe: _____

What do you do when your cat displays aggression? _____

What is the cat's response? _____

FEAR

Is your cat fearful? Y N If yes, would you describe the fear as (circle one): mild moderate severe? Describe any situations where your cat is shy, timid, or fearful:

Describe your cat's reaction (retreat, freeze, aggressive, etc.): _____

FOR EACH CATEGORY CHECK THE ANSWER THAT BEST APPLIES

Sleep: normal excessive decreased restless/wakes at night

Describe problems: _____

Eating: normal overeats voracious picky undereats

Describe problems: _____

Urine: normal increased amount increased frequency decreased

Describe problems: _____

Stools: normal increased amount increased frequency decreased soft hard/dry

Describe problems: _____

Activity: normal overactive – daytime overactive – night-time decreased repetitive (stereotypic) Describe problems: _____

Interaction with owners: affectionate little/minimal affection overly affectionate/demanding Describe problems: _____

ADDITIONAL PROBLEMS

(describe briefly if not previously discussed)

Destructive chewing/eats plants: Y N Destructive scratching: Y N

Scratches people: Y N Chews/sucks non-food items: Y N

Vocalization/howling: Y N Hunting: Y N

Climbing: Y N On furniture/counters where not permitted: Y N

Goes into rooms where not permitted: Y N Garbage raiding/food stealing: Y N

Roaming: Y N

Additional comments or problems: _____

Medical: Indicate any ongoing or recurrent health problems and results of any laboratory tests

