

FELINE BEHAVIOR CONSULTATION QUESTIONNAIRE

GENERAL INFORMATION		
Name: _____		Date of consultation: _____
Address: _____ _____		Postal (zip) code: _____
		Email: _____
Phone: Home: () _____	Business: () _____	Fax: () _____
Veterinarian/clinic: _____		Clinic phone: _____
Clinic address: _____		
Referred by (if other than veterinarian): _____		

PET INFORMATION			
Pet's name: _____		Breed: _____	Color: _____
Date of birth: _____	Weight: _____	Sex: M/F _____	Neutered? Y/N _____
Age neutered: _____		Declawed? Y/N – Age at declawing: _____	
Any change after neutering? _____			
Any change after declawing? _____			
Age obtained: _____		Where did you obtain this pet? _____	
Breeder, if applicable: _____			
Behavior of parents or littermates: _____			

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:	
Unusual/loud noises: _____	Car rides: _____
New (non-family) cats: _____	Strangers in home: _____
	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

List each family member (include sex and age): _____

How does your cat get along with each family member? _____

Who feeds?

Who grooms?

Who gives treats?

Who plays?

Who trains?

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

List any other pets, including species, breed, age, and sex: _____

How do the pets get along with each other? _____

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 (circle one): a) normal b) excess c) less than expected?

When is your cat most likely to groom? _____

Does your cat lick or groom (circle all that apply): a) other cats in the home b) people in the home c) 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, circle all that apply: a) urine horizontal surfaces b) urine vertical surfaces c) stools		
Where is your cat's preferred elimination location?		
How often is the litterbox cleaned/changed?		
Litterbox 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 draw a simple diagram of each floor of your home to show all places your cat eliminates:

Use the following keys to indicate the location of each of the following:
Kitty litter: (use numbers **1, 2, 3** to correspond to box locations above)

Feeding location: F	Play area: P	Scratching post: SP	Site of inappropriate scratching: D
Sleeping area (night-time): SN		Sleeping spots (daytime): SD	
Site of inappropriate elimination/urine: U		Site of inappropriate elimination/bowel movements: BM	

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? (circle one)
a) Few times a month b) Few times a week c) Daily d) 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 (circle one)
a) Upright surfaces, e.g., walls b) Horizontal surfaces, e.g., floors c) Both upright and horizontal

How often does your cat urinate outside the litterbox? (circle one)
a) Few times a month b) Few times a week c) Daily d) 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?

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 'housetrained'? 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 litterbox your cat seems to prefer?		
Have you tried other types of litterbox? 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 (circle one):

- a) at home out of the room b) at home in the room c) away from home d) 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? (circle one) a) Mild b) Moderate c) 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 a) family members? b) other people? c) other cats? d) 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): a) mild b) moderate c) severe?

Describe any situations where your cat is shy, timid, or fearful: _____

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

FOR EACH CATEGORY CIRCLE THE ANSWER THAT BEST APPLIES

Sleep: a) normal b) excessive c) decreased d) restless/wakes at night

Describe problems: _____

Eating: a) normal b) overeats c) voracious d) picky e) undereats

Describe problems: _____

Urine: a) normal b) increased amount c) increased frequency d) decreased

Describe problems: _____

Stools: a) normal b) increased amount c) increased frequency d) decreased e) soft f) hard/dry

Describe problems: _____

Activity: a) normal b) overactive – daytime c) overactive – night-time d) decreased e) repetitive (stereotypic)

Describe problems: _____

Interaction with owners: a) affectionate b) little/minimal affection c) 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 _____

VETERINARY HISTORY FORM
(for referred cases, to be completed by referring DVM prior to consultation)

Clinic:	Phone #:	
Address: _____ _____	Doctor's name:	
	Postal code:	
	Fax #:	
Client's name:	Pet's name:	
Behavioral History		
Describe the pet's behavior in your clinic, including any problems that you have observed: _____		
For what behavior problem is this cat being referred? (i.e., presenting complaint or diagnosis) _____		
Please indicate any advice or counseling that you have given the client thus far (including dates): _____		
Have any medications or products been suggested? If yes, indicate dates, duration, and response: _____		
Medical History		
Date of most recent physical/dental examination: _____		
List any abnormal findings: _____		
Vaccination status:	Date:	Vaccines administered:
List any present medical problems: _____		
Are you aware of any sensory deficits? Y/N If yes, describe: _____		
Are you aware of any painful conditions in this pet? Y/N If yes, describe: _____		
List any recurrent or previous medical problems: _____ _____		
Is the pet presently receiving treatment or medication of any type? _____		
Diagnostic Screening Tests		
Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.		
Indicate what diagnostic or screening tests have been performed and the date of each: _____		
List any abnormal results: _____ _____ _____ _____		