

FELINE BEHAVIOR CONSULTATION QUESTIONNAIRE

The information you provide is important in diagnosing and treating your pet's behavior problems. Please fill out this form as completely and accurately as possible. If additional space is required, please attach a separate sheet.

GENERAL INFORMATION

Name _____ Date of consultation _____
Address _____
Phone numbers: Home _____ Business _____
Veterinarian/clinic _____
Referred by (if other than veterinarian) _____

PET INFORMATION

Pet's Name _____ Breed _____ Sex M/F _____
Weight Actual _____ Ideal weight _____
Age _____ Neutered Y/N _____ Age neutered? _____
Any change after neutering? _____
Age obtained _____ Is your pet declawed? Y/N Age at declawing _____
Any change after declawing? _____
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 _____
How often and 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 to catnip _____
Does your cat hunt? Y/N What does your cat hunt? _____
What does cat do with prey after caught? _____
Amount/frequency of play _____
When is cat most interested in play? _____
Does the cat have a play center? Y/N Describe _____
List games/activities cat enjoys _____
Favorite toy _____

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 are home

Daytime when owners are away

Nighttime

When guests visit

How does your cat react to the following situation?

Car rides

Loud noises

Strangers

New (non-family) cats

New (non-family) dogs

Other animals

GROOMING, SCRATCHING, AND KNEADING *Describe your cat's grooming*

Are there any situations that cause grooming to increase? Y/N Describe

Does your cat have a scratching post Y/N

Describe

Does your cat scratch any areas/objects other than its scratching post? Y/N

Describe locations and types of surfaces preferred

Does your cat knead? Y/N Describe

HOUSEHOLD LAYOUT *Describe home, apartment, semidetached home, basement, etc.*

How many stories?

How many rooms?

On a separate page, please draw a simple diagram of each floor of your home.

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

Sleeping area (nighttime) SN

Sleeping spots (daytime) SD

Site of Inappropriate scratching D

Site of Inappropriate Elimination/Urine U

Site of Inappropriate Elimination/Bowel Movements BM

ELIMINATION & LITTER INFORMATION *For elimination problems also see Feline Elimination page*

Does your cat use a litter box for stools? Y/N urine? Y/N

What percentage of stool elimination is done outdoors?

What percentage of urine elimination is done outdoors?

Does your cat dig/bury after eliminating? Y/N

How often is the litter box cleaned/changed?

Number of litter boxes

What type of litter do you use?

Is the litter scented or deodorized?

For each box, indicate location, type of litter, type of box

Litter box 1

Litter box 2

Litter box 3

List any other litters you have tried and cat's reaction

List any other types of litter boxes you have tried and cat's reaction

List any other litter box location you have tried and cat's reaction

If you have more than one cat, do they have different litter boxes?

If yes, describe where each litter box is located

Do the cats use each other's litter boxes? Y/N Comment

FAMILY/RELATIONSHIPS

List each family member (include sex and age)

How does your cat get along with each family member?

Who feeds?

Who plays?

Who grooms?

Who gives treats?

Briefly describe the family schedule, including how long left alone

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

How do each of the pets get along with each other?

TRAINING

What commands does your cat respond to?

What rewards work best?

Describe your cat's learning ability

Who does your cat respond to the best?

List any "tricks" your cat can perform

HANDLING *How does the cat react to the following?*

Nail trimming

Giving medication

Cleaning/treating ears

Lifting/carrying

Patting/stroking

Bathing

Grooming/brushing

Briefly describe your cat's personality

PUNISHMENT *How does your cat react to each of the following?*

Physical

Noise (siren)

Ultrasonic (PetAgree™)

Water sprayer

Handling/lifting

Verbal

Pinning

What punishment is most effective?

Describe any punishment that has had an adverse effect?

Does the cat respond differently to different family members?

FELINE ELIMINATION *Be sure to mark sites clearly on diagram*

How often does your cat defecate outside the litter box?

How often does your cat urinate outside the litter box?

What percentage of all stools are outside the litter box?

What percentage of all urine is outside the litter box?

Is there a particular object or piece of furniture your cat uses for eliminating?

What room or area does your cat eliminate in (outside of litter box)?

Is there a room or area that the cat has access to, but never eliminates?

What surfaces or substrates does your cat use outside the litter box?

Are there surfaces where your cat will not eliminate?

Is there a preference for urinating on a) upright surfaces (e.g. walls) Y/N b) horizontal (e.g. floors) Y/N

List each inappropriate location, type of surface, and whether urine, stools or both

When did the inappropriate elimination first begin?

Was pet ever completely trained? Y/N Age when house trained

When fully trained, did your cat use litter, go outdoors or both?

Any problems with initial house training?

Can your cat see, hear or smell other cats on your property? Y/N

Is elimination near windows or doors?

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

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

Has your pet ever had a urinalysis? Y/N When?

Results

Any treatment?

Does any straining or pain accompany urination? Y/N 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 of urine? Y/N stools? Y/N

Is there an increase in drinking? Y/N

Is there an increase in appetite? Y/N

How often per day does your cat pass urine?

stools?

Have you ever observed the problem?

If yes, what did you do?

If no, when does the problem occur?

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

What do you think caused the problem?

Have any correction techniques been helpful?

Have any drugs been tried? Y/N

If yes, list drugs and effect on cat

PRINCIPAL COMPLAINT *For elimination problems, only answer those questions not already covered*

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

How would you describe the severity of this problem? Mild/Moderate/Sever/Other

Have you considered euthanasia? Y/N Comment

Describe the problem beginning with the most recent incident

Describe previous incidents

What age was your pet when this problem started?

Describe the first incident

How often does the problem occur?

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

Describe any changes in the home when the problem first started

Do changes (moving, new furniture. Vacations) dramatically affect your cat?

Have you actually observed the problem? Y/N If yes, what did you do?

What has been done so far to 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

What do you think caused the problem?

Additional comments

Destructive chewing Y/N

Chews/eats plants Y/N

Destructive scratching Y/N

Scratches people Y/N

Chews self Y/N

Chews non-food items Y/N

Vocalization/Howling Y/N

Housoiling urine Y/N

Housoiling stool Y/N

Hunting Y/N

Climbing Y/N

On furniture/counters where not permitted Y/N

Into rooms where not permitted Y/N

Garbage raiding Y/N

Food stealing Y/N

Sexual roaming Y/N

Urine marking Y/N

Fighting Y/N

Excessively demanding Y/N

Excessive activity Y/N

Sleep disorders Y/N

Fears and phobias Y/N

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

Aggression (if not discussed previously)

Is your cat aggressive toward family members? Y/N other people? Y/N

Describe

Is your cat aggressive toward other cats? Y/N other animals? Y/N

Describe

What techniques have you used to try and correct the problem?

What was the cat's response?

Additional problems? Please list

PLEASE have your veterinarian complete and return your cat's medical information along with any recent laboratory tests.