

**BEHAVIOR QUESTIONNAIRE for CATS**

Your Name		Date	
Address		Patient	
City, Zip		Breed	
Phone: cell		Gender	
Phone: home		Age / date of birth	
Phone: work		Weight	
email		Color	

Veterinarian	
Hospital	
Address	
Telephone	

**Who referred you to us?**

**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*

were there any behavior changes after the procedure? *YES / NO*

Is your cat declawed? *YES / NO*

If YES, age of cat at time of surgery?

Any complications?

Do you recall the type of litter used after the procedure?

Provide dates for most recent vaccinations:

Rabies:

Feline Distemper:

Feline Leukemia:

Other:

List current medical conditions, medications and dosages:

List prior medical conditions, medications and dosages:

**BACKGROUND INFORMATION:**

Date you adopted your cat:

cat's age at the time:

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

Is this your cat's first home? *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*

Is this your first cat? *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 / town house / apartment / trailer

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

If YES, please list approximate dates:

Please list all members of your household:

	Name	Age (children)	Hours away
1			
2			
3			
4			
5			
6			

Please list all household pets in order adopted:

	Name	Species	Breed	Gender	Age	Age when adopted
1						
2						
3						
4						
5						
6						

Describe your cat's relationship to the other household pets:

**MANAGEMENT:**

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

**SECTION 2:**

Does your cat run unsupervised outdoors? YES / NO

Do you have an outdoor containment system ("cat fence")? YES / NO

Who wakes up first—you or your cat?

Where does your cat like to sleep when you are sleeping?

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 any 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 this diet? \_\_\_\_\_

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

Which family members are responsible for feeding? \_\_\_\_\_

Location of food bowl(s): kitchen / laundry / basement / other \_\_\_\_\_

What are your 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 your **main behavioral concern**:

2. Describe a typical episode:

2a. 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 earliest incident you can recall:

Describe the most recent episode (include approximate date):

Please describe several representative episodes. Include details such as your cat's posture (ears up or back? tail up or down? tail wagging or flicking? hair puffed? crouched or upright). Describe any vocalization (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?*

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 manage the behavior?

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: I am just curious about the behavior
2. nuisance but tolerable
3. serious but I would keep my cat if the behavior persists
4. not tolerable: I may give my cat away if the behavior persists
5. not tolerable: I may euthanize my cat if the behavior persists

Please briefly describe any additional behavioral problems or concerns you experience with your cat:

Behavior:

- 1.
- 2.
- 3.

**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:

How many bites required medical attention? \_\_\_\_\_

Who was bitten?

Which of the following has your cat bitten: hands / arms / legs / face / chest / buttocks

Is your cat's aggression predictable?	YES / NO
Do the attacks appear unprovoked?	YES / NO
Is your cat docile afterward?	YES / NO
Is your cat disoriented afterward?	YES / NO
Does your cat appear sorry afterward?	YES / NO
Do you notice a glazed expression?	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*

Describe your cat's behavior toward visitors to your home:

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, other animals, or inanimate objects?

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

**AGGRESSION SCREEN for cats**

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

(N/R=NO REACTION; N/A=NOT APPLICABLE)

**LITTER BOX INFORMATION:**

How did you litter train your cat?

How often does your cat urinate outside the litter box?

*Never / rarely / sometimes / often / most of the time (list locations used)*

How often 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 introduce this litter to your cat?

How deep is the litter in the litter box?

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

How often do you scoop clumps or feces? *2+ times daily / daily / \_\_\_\_ times per week*

How often do you dump entire contents of box? *daily / weekly / every 2 weeks / other*

How often do you wash the litter box? *daily / weekly / every 2 weeks / other*

What type of cleaner do you use? \_\_\_\_\_

Does your cat scratch to cover his urine and / or feces with litter? *YES / NO*

Does your cat scratch inside or just outside the box?

**\*\* If your cat is housesoiling, 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.**

Photos of the home environment, particularly litter boxes, areas of inappropriate elimination, and favorite resting places are very helpful. They can be emailed prior to the appointment to [info@lindellvetbehavior.com](mailto:info@lindellvetbehavior.com)