

# Cat Behavior Questionnaire

Please complete this form using black ink and return it by fax, mail, or e-mail.  
The return of this form is a CRUCIAL part of your pet's appointment.

Date/time of appointment: \_\_\_\_\_

**Patient Info:**

Pet's name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Neutered/spayed? \_\_\_\_\_

**Owner Info:**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work/day phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Who is your regular veterinarian?

Dr. \_\_\_\_\_

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**BEHAVIOR HISTORY**

Please fill out the table below in regard to your cat's primary behavior problems and other problems you would like addressed.

Problem—Please include dates and details of recent incidents.	Age at which problem began

How have the problems progressed over time? For example, "The cat occasionally urinated on carpet at 2 years of age, but stopped using the box entirely a year later."

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Has the frequency or the intensity of the occurrence of the behavior changed since the problem started?  
 Yes                      No

If so, how and when?

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**Home Environment**

1. Please list all the people, including yourself, living in your household:

Name	Age	Sex	Relationship (e.g., self, spouse)	Occupation (optional but sometimes helpful)	# of Hours Away From Home per Day	Quality of Relationship With Cat

2. Please list **all** the animals in the household in the sequence they were obtained:

Name	Species	Breed	Sex	Neutered/spayed?	Age When Obtained	Age Now	Interactions With Cat

**Background Information**

1. How long have you had this cat? \_\_\_\_\_

2. How old was your cat when you first acquired him or her? \_\_\_\_\_

3. Where did you get this cat? \_\_\_\_\_

4. Has this cat had other owners?    Yes                      No  
 If so, how many? \_\_\_\_\_



## AGGRESSION SCREEN FOR CATS

The following chart provides information about aggression, its intensity, and in what situations it is elicited. **For each situation listed, check your cat's worst reaction in the past.** These questions refer to situations in the past. Please do not do these things to determine your cat's reaction. If he or she has never been in a particular situation, please check "situation does not apply."

Circumstance	No aggression	Growls, swats, shows other aggressive behavior without biting	Bites (makes contact)	Situation does not apply
<b>General interactions</b>				
1 Family member stares at cat				
2 Family member reaches toward or bends over cat				
3 Family member pets cat				
4 Family member hugs/kisses cat				
6 Family member lifts cat				
9 Family member approaches cat while resting				
11 Family member pushes/pulls cat (e.g., off furniture)				
12 Family member enters or leaves room cat is in				
13 Family member approaches/disturbs cat while eating				
<b>Grooming</b>				
16 Cat's ears or eyes are cleaned or treated				
17 Cat's nails are trimmed				
18 Cat is brushed/combed				
<b>Interactions with other household pets</b>				
20 Dog approaches cat while eating				
21 Another cat approaches cat while eating				
22 Cat encounters other cat near the litter box				
23 Another cat approaches/disturbs cat while resting				
24 Dog approaches/disturbs cat while resting				
25 Cat approaches another household cat who is resting				
26 Cat approaches another household cat who is eating				
<b>Veterinary visits</b>				
28 Cat is in the waiting room				
30 Veterinarian/staff member handles/examines cat				
31 Cat is removed from or put back in carrier				
<b>Punishment</b>				
32 Cat is verbally scolded or yelled at				
33 Cat is physically punished (hit)				
<b>Response to strangers</b>				
34 Unfamiliar person (adult) approaches cat				
35 Unfamiliar person (adult) speaks to/pets cat				
36 Unfamiliar child approaches or interacts with cat				
37 Response to infants or toddlers				
38 Unfamiliar person approaches/passes window while cat is indoors				
<b>Response to unfamiliar animals</b>				
39 Unfamiliar cat approaches/passes window while cat is indoors				
40 Unfamiliar cat approaches/interacts with cat outside				
41 Unfamiliar dog approaches/passes window while cat is indoors				

**Environment**

1. What type of area do you live in (urban, suburban, etc.)? \_\_\_\_\_
2. What type of home do you live in (studio, apartment, house)? \_\_\_\_\_
3. Has your household changed since acquiring this pet? Yes                      No  
 If so, how? \_\_\_\_\_

**Daily Schedule**

1. Is your cat (check one):
  - Indoors only
  - Outdoors only
  - Primarily indoors:  
 How many hours total does your cat spend outdoors, on average, per day? \_\_\_\_\_
  - Primarily outdoors:  
 How many hours total does your cat spend inside, on average, per day? \_\_\_\_\_
  - Other (explain): \_\_\_\_\_
2. Does your cat have access to the outside through a cat door? Yes                      No
3. If kept indoors, is your cat restricted to a specific area or room in the house? Yes                      No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
4. How many times do you play with toys or play games with the cat, daily (on average)? \_\_\_\_\_
5. How long does each play bout last, on average (in minutes)? \_\_\_\_\_

**Elimination Behavior**

1. How many litterboxes do you have?      0      1      2      3      4      5      6      >6
2. Describe the litterboxes (please check all descriptions that apply for each box):

Description	Box 1	Box 2	Box 3	Box 4	Box 5	Box 6
Open						
Covered						
Large						
Small						
Deep						
Shallow						
Liner (unscented)						
Liner (scented)						
No-liner						
Litter material*						
Location						

3. \*What kind of litter material is used in the box(es)? (Please check all that apply):
- |   |   |
|---|---|
| <input type="checkbox"/> Plain clay                         | <input type="checkbox"/> Potting soil                       |
| <input type="checkbox"/> Clumping/scoopable                 | <input type="checkbox"/> Pine shavings                      |
| <input type="checkbox"/> Playground sand                    | <input type="checkbox"/> Wheat                              |
| <input type="checkbox"/> Gravel/rock                        | <input type="checkbox"/> Deodorized                         |
| <input type="checkbox"/> Sawdust/woodchips                  | <input type="checkbox"/> Anything you can get with a coupon |
| <input type="checkbox"/> Newspaper—recycled/pelleted        | <input type="checkbox"/> None (empty box)                   |
| <input type="checkbox"/> Newspaper—shredded or paper towels | <input type="checkbox"/> Other (please specify) _____       |

4. Describe, in detail, how your cat uses the litterbox. For example, does he or she scratch in the litter before eliminating? Cover up feces? Scratch outside the box?

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5. How frequently is the urine or feces scooped? \_\_\_\_\_

6. How frequently is the litter entirely changed? \_\_\_\_\_

7. How frequently is the litterbox washed and the contents replaced? \_\_\_\_\_

8. Are deodorants such as bleach or Lysol used in the cleaning process?    Yes        No

9. Will the cat immediately use a freshly cleaned litterbox?    Yes        No        Unsure

10. Will the cat eliminate in the presence of other animals or people?    Yes        No        Unsure

11. Does the cat ever vocalize while it eliminates?    Yes        No        Unsure

12. Does the cat ever run out of the box after eliminating?    Yes        No        Unsure

13. Does your cat ever eliminate outside the box, in the house?    Yes        No

14. If so, does he or she:    Urinate        Defecate        Both

15. How do you clean up afterwards (include product(s) used)?

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16. Where are the litterboxes located?

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17. Where does your pet sleep?

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18. Is your cat very active at night?    Yes        No

Explain: \_\_\_\_\_

**Diet and Feeding**

1. Who feeds the cat? \_\_\_\_\_
2. What do you feed your cat? (Please be specific, e.g., brand name) \_\_\_\_\_
3. How many meals is your cat fed each day? (circle one) Free choice 1 2 3 4
4. Amount of food per day? \_\_\_\_\_
5. Location where fed? \_\_\_\_\_
6. Does your cat have a good appetite? Yes No  
 Explain: \_\_\_\_\_
7. What is your cat's favorite treat or human food? (e.g., Pounce treats, tuna)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical History**

1. At what age was your cat neutered/spayed (if applicable)? \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Reason: \_\_\_\_\_
2. If your cat is "intact," has he/she ever been bred? Yes No Unsure
3. Are you planning to breed? Yes No Unsure
4. Is your cat declawed? Yes No  
 If so, which feet? Front feet Back feet All four  
 Age when declawed: \_\_\_\_\_
5. Is your cat on flea preventive? Yes No  
 Name of product: \_\_\_\_\_
6. Has your cat been on behavioral medication in the past? Yes No  
 If so, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Please list your pet's current and previous illnesses and medications prescribed, including supplements.

Date of illness	Condition	Treatment (include medication dosage and dates/duration)	Outcome

8. Is your cat currently on any medications? Yes                      No  
 If so, please describe: \_\_\_\_\_  
 \_\_\_\_\_

9. Why have you kept the cat despite its behavior problem?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bite History**

1. If your cat has ever bitten anyone, please indicate the total number of bites:  
 0            1            2            3            4            5            +5

2. Please indicate the number of bites that broke skin:  
 0            1            2            3            4            5            +5

3. Please indicate the number of bites reported, and to whom:  
 Number reported:  
 0            1            2            3            4            5            +5  
 Reported to (e.g., local authorities, hospital, humane society): \_\_\_\_\_

4. Was there legal action taken against the owner as a result of the bite(s)?    Yes            No

5. Have you considered finding another home for this pet?            Yes            No

6. Have you considered euthanasia (putting your pet to sleep)?    Yes            No

7. Did someone recommend euthanasia before your visit here?    Yes            No

**Expectations**

What are your expectations for your appointment to discuss your cat's behavior?  
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 \_\_\_\_\_  
 \_\_\_\_\_

**Comments?**

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