Feline Behavior Questionnaire

# Client Information

Date form completed:

Owner’s Name:

Telephone:

Email:

Primary Veterinarian:

# patient information

Patient’s Name:

Breed:

Color:

Age:

Weight:

Sex:

Spayed/Neutered:

Age of Spay/Neuter:

Declawed?

Age of declaw (if applicable):

Behavioral changes following declaw (if applicable)?

Date of last physical examination:

Any medical issues we should be aware of:

PLEASE LIST ALL CURRENT MEDICATIONS & SUPPLEMENTS: (PLEASE INCLUDE THE DOSE)

Please list any previous behavior medications that have been tried: (Please include the dose and dates medication(s) were started and stopped)

# Presenting complaints

Please describe your cat’s problem(s):

At what age did the problem start, if known?

How long does each incident last, if known?

How often does it occur?

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions/locations which seem to trigger the behavior?

Can your cat be verbally or physically interrupted when engaged in the problem behavior?

How long is the interval between the behavior stopping and the beginning of the next occurrence?

Describe any methods used to stop the behavior and the cat's response to these methods:

Please give a detailed description of the last 2 times this problem occurred:

# Patient history

Where did you get your cat?

At what age was your cat acquired?

Do you know if your cat's parents or siblings engaged in similar behaviors or any other abnormal behaviors?

How would you describe your cat's TEMPERAMENT (Circle all that apply)?

Calm

Hyperactive

Timid

Anxious/nervous

Shy

Aloof

Affectionate

Other (describe):

List people living in the house with the pet. Please include children's ages:

List other animals in the household, their species, breed, age, sex and whether or not they are neutered. Please note which of these animals were living in the house when this cat was acquired.

Describe interactions between animals in the household:

Do the animals eat together?

Describe interactions between cat and family members:

Has any human or pet to whom the cat was bonded left the home?

If yes, Did this coincide with the onset of any of the problem behavior(s)?

Did any of the problem behavior(s) coincide with the addition of a new animal or human tothe household?

How does the cat react to other cats outside the house?

1. When the cat is indoors and sees other cats through the window:

2. When the cat is also outside:

Behavior of cat with strangers in the home:

Behavior of cat in veterinary office and during examination:

# Daily Activities

Please describe a typical 24 hour day in your cat's life:

# Diet

Type of food given:

Frequency of feeding:

Other food/treats/table scraps:

Does the cat hunt?

If yes, does the cat eat the animals it catches?

# Litterboxes

Number of litterboxes in the house:

Location of litterboxes:

Type of litterbox (open/closed, large/small):

Type of litter used:

Have you used different types of litter in the past?

If so, did changing type affect the cat's behavior?

If the cat's behavioral problem involves inappropriate urination or defecation, is there one particular location or type of surface or material where your cat commonly eliminates?

Have you ever noticed your cat straining to urinate or defecate?

Have you ever noticed any blood in your cat's litterbox?

Frequency of cleaning of litterbox:

Please check all behaviors that your cat exhibits during thunderstorms, noise, fire works, etc.

A) Destructiveness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small items (e.g. pens, paper, etc) | 2 | 3 | 4 | 5Extensive damage (e.g. holes in wall, etc) |

B) Elimination (Urination, Defecation, both )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount | 2 | 3 | 4 | 5Extensive amount |

C) Salivation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Damp around mouth | 2 | 3 | 4 | 5Wet around mouth and forepaws |

D) Vocalizations (Circle all that APPLY)

Crying, Meowing, Other(describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Less than 2 minutes | 25-15 min | 315-30 min | 430min-1 hour | 5More than 1 hour |

E) Hiding, Where ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount | 2 | 3 | 4 | 5Extensive amount |

F) Pacing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount | 2 | 3 | 4 | 5Extensive amount |

H) Remains near owner

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount | 2 | 3 | 4 | 5Extensive amount |

I) Self damaging behavior

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount (e.g. licking feet etc) | 2 | 3 | 4 | 5Extensive trauma (e.g. broken teeth, nail etc) |

J) Trembling

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount | 2 | 3 | 4 | 5Extensive amount |

K) Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Small amount | 2 | 3 | 4 | 5Extensive amount |

If you are not a current CLIENT, please have your veterinarian send us your pet’s medical record including lab work.

This document should be either dropped off at the office or emailed to us at least one week prior to scheduled vist. Documents can be sent by email to info@sylvanvet.biz.