Feline behavior consultation questionnaire

General Information

Today's date: Date and time of consultation (if scheduled):

Name:

Address: City/Town: Postal (Zip) Code:

Phone: Home: Business: ext: Mobile/other

FAX: Email:

Veterinary Clinic: Veterinarian's Name:

Clinic phone: Who referred you to our service?

Pet Information

Pet's Name: Date of birth: or Estimate age: Years or Months

Weight: kg lb Sex: ☐Male ☐Female Neutered: ☐Yes ☐No At what age?

Any change after neutering? ☐Yes ☐No If yes, describe:

Breed: Color:

Declawed: ☐Yes ☐No If yes, at what age? Describe any changes noted after declaw?

Your pet's early history

Age obtained: From where did you obtain this pet?
Name of Breeder / Shelter:
Describe previous home (if known) including litter size, how raised, age weaned, other pets, family:

Describe (if known) how much interaction your cat has had with people or other pets before it was obtained

Behavior of parents or littermates (if known):
For what reason did you obtain this cat? (check all that apply): companion for family ☐: companion for cat ☐; rodent control☐; breeding/show ☐; other
Describe your cat's personality (check all that apply): friendly ☐; bold ☐; over-active ☐; playful ☐; demanding attention ☐; independent ☐; fearful / nervous ☐; aggressive☐; noisy/vocal ☐; excitable ☐; depressed ☐; other

The Home Environment

List each family member living in the home (include age of children):

Name	Age	Occupation

Describe how your pet gets along with each family member including any problems:

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List all other pets in the home:

Name	Species	Breed	Sex	Age	Relationship

Describe if any of the pets do not get along with each other:

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Your Cat's Activities

Diet and nutrition

Type of food: when do you feed / feeding routine:

What food does your cat prefer?
Describe your pet's appetite: ☐Voracious ☐Good ☐Average ☐Picky ☐Poor ☐Variable
Do you give treats ☐Yes ☐No Type of treats?
What treats does your cat prefer?
Describe your pet's interest / appetite for treats: ☐Voracious ☐Good ☐Average ☐Picky ☐Poor ☐ Variable
When and how often do you give treats?
List any food supplements or additives:
Does your cat hunt? ☐Yes ☐No If yes, describe when and how often:
What is your cat's favored prey? Does your cat eat the prey?

The Home Environment

Describe you and your cat's daily schedule:

Does your cat spend time outdoors? ☐Yes ☐No If yes, ☐confined to the yard ☐ on harness ☐ free to roam ☐ cat door ☐

If outdoors, describe when, where and how often

Does your cat see, hear or come in contact with outdoor cats? ☐Yes ☐No If yes, describe:

Have you used a crate for housing or travel ☐Yes ☐No If yes, describe cat's reaction:

Where is your cat's favorite sleeping spot / resting area / bed during the night?

Where is your cat's favorite sleeping / resting / bed / perching area during the day?

Does your cat have a favored climbing / perching area / play centre? ☐Yes ☐No If yes describe

Does your cat climb / perch / play in areas that are undesirable to you? ☐Yes ☐No If yes describe

Does your cat have a scratching area / preferred scratching location? ☐Yes ☐No If yes, describe

Does your cat scratch in areas that are undesirable? ☐Yes ☐No **If yes continue: If no proceed to Cat's Environment:**
List undesirable locations?

When and how often does your cat scratch these locations?

Are there specific events that precede scratching?
Do see your cat scratching? If yes, what do you do:

Cat's reaction:
What do you do when you find an area that your cat has scratched?

Cat's reaction:
What have tried so far to treat the scratching and what, if anything has been effective?

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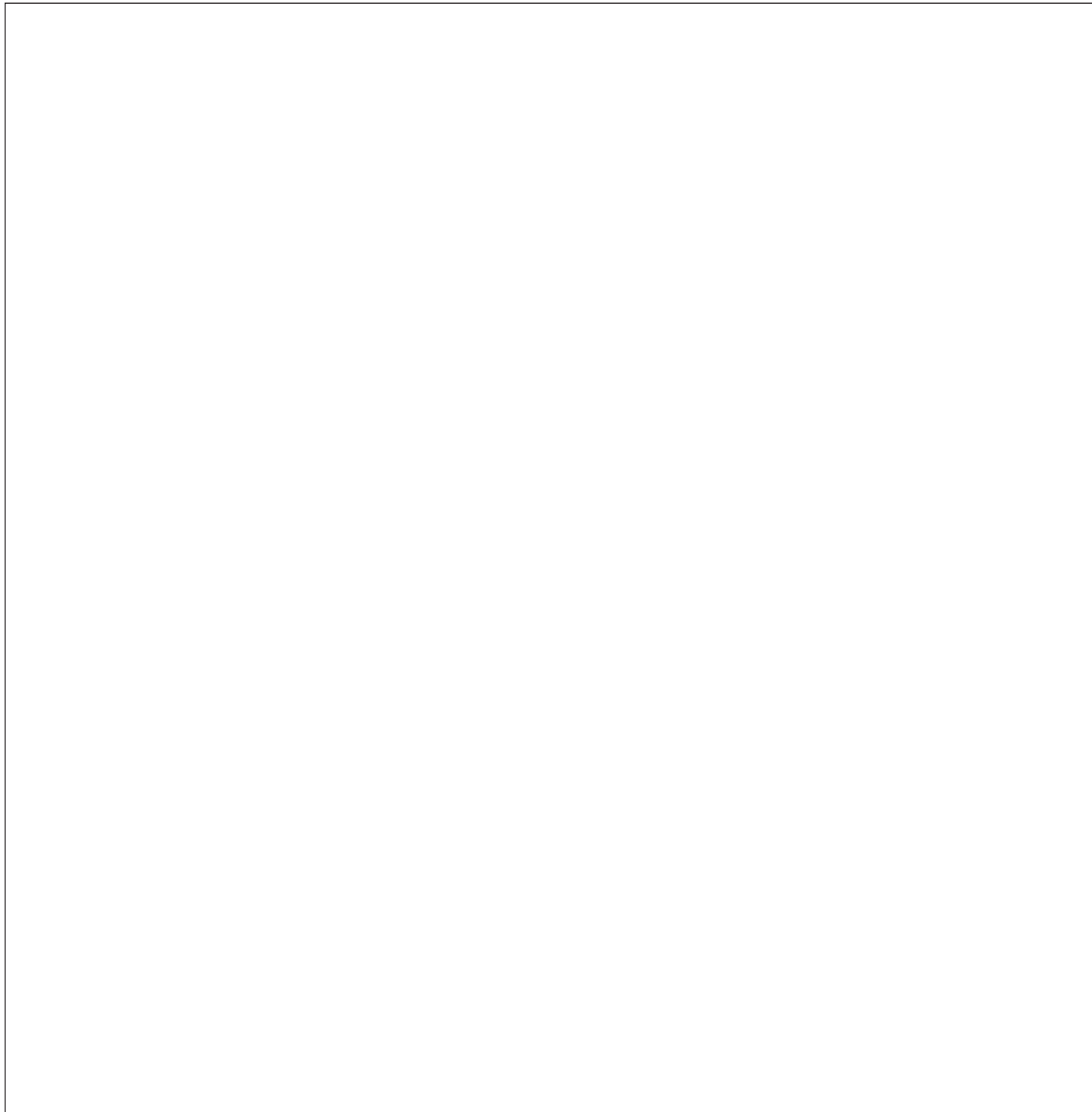
Cat's Environment - Please bring pictures or video of your home including where problems occur.
Describe home: Detached family home☐; Town (row) house / semi-detached ☐ Apartment / high rise rental ☐ Condo / high rise owned ☐ Rented room / basement ☐ Trailer home ☐ Other ☐ Describe:
How many stories? How many rooms?
Please draw a diagram of each floor of your home and scan or FAX. (Use additional pages for other floors) Label each room. Identify windows and doors. Identify any large furniture. Also indicate type of floor for any areas soiled.
Use the codes below to label litter box locations, feeding areas, play stations, resting areas, and problems
L: Litter – please number each location e.g. **L1, L2, L3 etc.) - F:** feeding location: - **P** - play area / play center:
SP: for Scratching post – **SD:** Sleep / resting locations (day) – **SN:** Sleeping locations (night) **W**: Window
Problems: **U**: site of urine soling - **M**: site of urine marking (upright surfaces) – **BM:** site of stool soiling - **S**: site of destructive scratching



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Principle Complaint

The following questions are required to assess your pet's problem. It is not necessary to duplicate answers from previous sections or in future sections. Please consider bringing movie clips or pictures of the problem behaviors and the cat's environment.

List all Problems that need to be addressed Begin with your primary complaint	Age problem began	Very Serious	Fairly Serious	Not Serious

Have you considered removing your cat from the home if the problem cannot be improved? ☐Yes ☐No
Comment:

What are your goals for this consultation?

For the primary problem(s) what age was your cat when the problem started?

Describe any changes in the home or the pet's health when the problem first started:

What do you think caused the problem?

Describe the problem, beginning with the most recent incident?

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Describe the first incident and any other pertinent incidents:

How often does the problem occur?
Has there been a recent change in frequency or severity? ☐Yes ☐No If yes, describe:

List each behavioral treatment you have tried (other than drugs), and the cat's response:

Date/when	Treatment	Cat's Response / Outcome

Which approach has been most successful (if any):

List any techniques that have made the problem worse:

List any medications, supplements or remedies tried so far, and the cat's response (effects, side effects):

Date	Medication (when started, dose, frequency, duration)	Outcome (effects, side effects, is pet still receiving)

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Training

Have you or your cat had any formal training? Yes☐ No ☐ If yes, did your cat attend kitten classes? ☐ Other training? ☐ In home instruction? ☐ Other ☐ If yes describe:
Have you done any of your own training with your cat? Yes ☐ No ☐ If yes, describe:

What sources (books, DVD, websites) have you used for advice on cat behavior and training if any?

Does your cat respond to any commands / cues? Yes ☐ No ☐ If yes, check all that apply: Sit: ☐ Down: ☐ Come: ☐ Go to e.g. bed / room: ☐ Other trained commands:
Who does your cat respond to the best?

List any tricks your cat can perform:

Describe your cat's learning ability:
If you wanted to get your cats attention or get your cat to come what would work best (e.g. shaking a box of treats, command)?

How successful would this be? Very ☐; Most times ☐; Occasional ;☐ Unsuccessful ☐; Other:
List your cat's top 3 food or treat rewards:

List your cat's top 3 non-food rewards (e.g. toy, affection):

Have you used any of the following for training :

	No	Yes	No Effect	Worsens	Effective	Comments / describe success
Positive reinforcement	☐	☐	☐	☐	☐	
Lure / reward training	☐	☐	☐	☐	☐	
Food / treat rewards	☐	☐	☐	☐	☐	
Toy / play reward	☐	☐	☐	☐	☐	
Affection / reward	☐	☐	☐	☐	☐	
Clicker training	☐	☐	☐	☐	☐	
Assertive / confront	☐	☐	☐	☐	☐	
Body harness	☐	☐	☐	☐	☐	
Collar	☐	☐	☐	☐	☐	

Punishment / Discipline / Corrections used

	No	Yes	No Effect	Worsens	Effective	Comments/describe
Verbal reprimand - no	☐	☐	☐	☐	☐	
Physical punish - hit	☐	☐	☐	☐	☐	
Scruff / neck grasp	☐	☐	☐	☐	☐	
Physical lift / pin	☐	☐	☐	☐	☐	
Shake can / noise	☐	☐	☐	☐	☐	
Ultrasonic	☐	☐	☐	☐	☐	
Water spray	☐	☐	☐	☐	☐	
Air or citronella spray	☐	☐	☐	☐	☐	
Booby trap / repellent	☐	☐	☐	☐	☐	
Time-out / confinement	☐	☐	☐	☐	☐	

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Have you used any other punishment not listed above? Yes☐ No ☐ If yes, describe:

What punishment is most effective?

Has punishment made the problem worse or resulted in aggression? Yes☐ No ☐ If yes, describe which:

Does your cat respond differently to punishment from different family members? Yes☐ No ☐ If yes, describe:

Play and activities

Interactive / Social play

Do you play with your cat? Yes ☐ No ☐ If yes, what is favored game:

Describe when, how often, with whom:

Object / exploratory play

Does your cat engage in play on its own? Yes ☐ No ☐ If yes, what are favored toys / activities:

Describe when and how often:

Does your cat have an activity center? Yes ☐ No ☐ If yes, what are favored toys / activities:

Please indicate your cat's interest in the following activities

Level of interest	High	Low	None	How often	Describe / Favorite
Chase toys with owner	☐	☐	☐		
Self play – batting toys	☐	☐	☐		
Self play – run / chase	☐	☐	☐		
Food filled toys	☐	☐	☐		
Exploring e.g. bags, box	☐	☐	☐		
Fetch / chase	☐	☐	☐		
Chewing / cat grass	☐	☐	☐		
Laser toys	☐	☐	☐		
Catnip	☐	☐	☐		
Climb / Perch	☐	☐	☐		
Scratch posts	☐	☐	☐		
Going outdoors	☐	☐	☐		

Does your cat engage in over-exuberant or unacceptable play?

Does your cat chew on or swallow objects that are inappropriate / undesirable?

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Handling

	Unknown	Enjoys	Resists	Accepts willingly	Accepts reluctantly	Threatens / aggressive	Cannot attempt
Petting / stroking head / neck	☐	☐	☐	☐	☐	☐	☐
Petting / stroking back / tail	☐	☐	☐	☐	☐	☐	☐
Rubbing belly	☐	☐	☐	☐	☐	☐	☐
Brushing	☐	☐	☐	☐	☐	☐	☐
Hugging / kissing	☐	☐	☐	☐	☐	☐	☐
Restrained on your lap	☐	☐	☐	☐	☐	☐	☐
Nail trimming	☐	☐	☐	☐	☐	☐	☐
Ear handling / cleaning	☐	☐	☐	☐	☐	☐	☐
Eye cleaning / medicating	☐	☐	☐	☐	☐	☐	☐
Bathing	☐	☐	☐	☐	☐	☐	☐
Teeth brushing	☐	☐	☐	☐	☐	☐	☐
Lifted / carried	☐	☐	☐	☐	☐	☐	☐
Giving medication	☐	☐	☐	☐	☐	☐	☐

Describe any problems in more detail:

Are there differences in the way the cat responds to different family members.

Fear and Reactivity – Indicate how your cat reacts to each of the following

	Calm	Playful	Ambivalent	Fear	Confused	Friendly	Aggressive
Familiar cats in home	☐	☐	☐	☐	☐	☐	☐
Unfamiliar cats in home	☐	☐	☐	☐	☐	☐	☐
Cats outside home	☐	☐	☐	☐	☐	☐	☐
Unfamiliar visitors to home	☐	☐	☐	☐	☐	☐	☐
Familiar visitors to home	☐	☐	☐	☐	☐	☐	☐
Veterinary visits	☐	☐	☐	☐	☐	☐	☐
Thunderstorms / fireworks	☐	☐	☐	☐	☐	☐	☐
Other noises: ___________	☐	☐	☐	☐	☐	☐	☐

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Describe any of these problems in greater detail:

Is there anything not listed previously that might cause your cat to become fearful, anxious or aroused: Yes☐ No ☐ If yes describe

Describe your cat's level of arousal in these situations: Mild ☐; Moderate ☐; High / Excessive ☐
How long after exposure to these events has passed, does it take for your cat to settle down (i.e. back to normal)

Are there any problems when travelling? Yes☐ No ☐ If yes, describe:
What do you do to try and correct the problem?
Cat's reaction:
Describe how you transport your cat? Carried by family member ☐ On seat ☐ Carrier ☐ Other:

AGGRESSION: Does your cat ever display aggression to people or other animals? Yes☐ No ☐
If no please proceed to next section – elimination. If yes, please continue:

Is aggression the primary reason for today's visit? Yes☐ No ☐ Describe severity? Mild ☐; Moderate ☐; Severe ☐
Please indicate to which of the following your cat has shown aggression: Family members ☐; visitors ☐; familiar cats in home ☐; unfamiliar cats in the home ☐; outdoor cats ☐; dogs in home☐; other animals ☐; veterinary visits ☐; groomer ☐; Other:

Does the aggression occur when owners are: present ☐; absent ☐; both ☐; Comment:

Have you considered removing your pet from the home if the problem cannot be improved? Yes☐ No ☐ If yes, comment:

In what situations does your cat display aggression?

How often has the problem occurred? Is the problem a) getting better ☐; b) staying the same ☐ c) getting worse ☐
Describe the aggression: Threats no bite ☐ Bites but not break skin ☐ Bite with minor injury ☐ Serious injury ☐ Other:

Describe your cats demeanour at the time of aggression: Playful ☐; Fearful ☐; Bold / Assertive ☐; Other

Describe the most recent event: What happened immediately prior to the event?

Describe the event

Describe your cat's appearance (body posture, face, ears, tail, hair on back)

What did you do at the time?

What was your cat's reaction?

Has any treatment used to date been effective? Yes☐ No ☐ If yes, describe:

Has any treatment made the problem worse? Yes☐ No ☐ If yes, describe:

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Elimination & Litter Information:

How often do the following events occur?	Many times a day	Once Daily	Weekly	Every 2 weeks	Monthly	Never	Other	Comments / describe
Cat urinates in litter box	☐	☐	☐	☐	☐	☐	☐	
Cat urinates outside box	☐	☐	☐	☐	☐	☐	☐	
Cat sprays urine / marks	☐	☐	☐	☐	☐	☐	☐	
Cat defecates in litter box	☐	☐	☐	☐	☐	☐	☐	
Cat defecates outside box	☐	☐	☐	☐	☐	☐	☐	
Cat eliminates outdoors	☐	☐	☐	☐	☐	☐	☐	
Litter box is scooped out	☐	☐	☐	☐	☐	☐	☐	
Litter replaced with new litter	☐	☐	☐	☐	☐	☐	☐	
Litter box cleaned and washed	☐	☐	☐	☐	☐	☐	☐	

Litter location – indicate what preferred by each cat	Type of litter	Type of box
1.		
2.		
3.		
4.		
5.		

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Does your cat ever use its litter box while you are watching? Yes☐ No ☐
Indicate which box(es) your cat prefers:
Indicate which box(es) your cat seldom or never uses:
Indicate which litter your cat prefers:
Indicate which litter your cat seldom uses or avoids:
Does your cat dig / bury before or after eliminating? Yes☐ No ☐ If yes, describe:

Indicate any differences between your cats as to their preferred litter or box:

Elimination Problems - Does your cat have a problem with housesoiling or marking)? Yes☐ No ☐
If NO, proceed to fear and anxiety. If yes, please continue:

Is elimination the primary reason for today's visit? Yes☐ No ☐ Is the problem: getting worse ☐; staying same ☐; improving ☐
Is the urine soiling a) stools ☐ b) urine: ☐ c) both ☐ Is the soiling a) only on horizontal surfaces (floors) ☐ b) only on vertical (upright) ☐ c) mostly upright and some horizontal ☐ d) mostly horizontal and some upright ☐ e) both upright and horizontal ☐
Stool: At the time the problem began describe your pet's stool: Normal ☐; Constipation ☐; Less frequent ☐; More frequent ☐; Soft/diarrhea ☐; Blood/mucous ☐ Straining/discomfort ☐; Vocalization ☐ If any change from normal describe:

Are there any ongoing abnormalities? Yes☐ No ☐ If yes, describe:
Urine: At the time the problem began describe your pet's urine: Normal ☐; Less frequent ☐; More frequent ☐; More volume /amount ☐; Less volume ☐; Straining / discomfort ☐; Vocalization ☐ Blood ☐ If any change from normal describe:

Are there any ongoing abnormalities? Yes☐ No ☐ If yes describe:
Has there been any change in appetite? Yes☐ No ☐ If yes, describe:
Has there been any change in drinking? Yes☐ No ☐ If yes, describe:
Was your pet ever completely "litter trained"? Yes☐ No ☐ If yes, describe:

Inappropriate Locations soiled	**Surface**	**Urine, stool or both**	**When / How often?**
		Stool ☐ Urine ☐	
		Urine ☐ Stool ☐	
		Urine ☐ Stool ☐	
		Urine ☐ Stool ☐	
		Urine ☐ Stool ☐	

When your cat is indoors a) what percentage of urine is outside of the box?
b) what percent of stool is outside box
Is there a particular surface / texture on which your cat prefers to soil? Yes☐ No ☐ If yes describe

Are there any surface types where your cat never soils? Yes☐ No ☐ If yes describe

Is there a room or location where your cat prefers to soil? Yes☐ No ☐ If yes describe

Is there a room or location where your cat never soils? Yes☐ No ☐ If yes describe

Is there a time of day when the problem is most likely to arise?

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Can you think of any pattern when the problem is most likely to arise?
Have seen your cat when it is soiling? Yes☐ No ☐ If yes describe
If yes what do you do
Cat's reaction?

List types of litter that you have tried?	Indicate cat's response:
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐

What is your cat's favorite litter?

List types of boxes that you have tried?	Indicate cat's response:
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐
	Uses readily ☐; Uses but not a favorite ☐; Avoids ☐

What is your cat's favorite box?
Have you tried litter with deodorizer? Yes☐ No ☐ If yes, describe:
Have you tried different depths of litter? Yes☐ No ☐ If yes, describe:
What age was your pet when this problem started?
Describe the first incident:

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

What do you think caused the problem?

What has been done so far (other than drugs) to try and correct the problem and how did the cat respond?

List any techniques that have been successful:

List any techniques that have made the problem worse:

List any drugs or pheromones tried so far and the cat's response to the medication (efficacy, side effects):

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Grooming

Does your cat's self grooming appear to be: ☐ Normal ☐ Excessive ☐ Decreased
When is your cat most likely to groom?
Describe situations or events that lead to increased grooming:
Describe situations or events that lead to decreased grooming:
Does your cat lick or groom: Self ☐ Other cats in home☐ People in Home ☐ Household objects ☐ If yes, describe:
Are any of these behaviors excessive or problematic? Yes☐ No ☐ If yes, pleas describe:
Does your cat knead? If yes, please describe when and with whom:

Do you feel your cat's kneading is unusual or excessive? If yes, please describe:

If this is the primary reason for today's visit, please provide more details in the Primary Complaint Section:

Feline skin disorders

Does your cat have problems with overgrooming, rippling skin, excessive scratching or hair loss? Yes☐ No ☐
If NO please proceed to next section – Primary Complaint. If yes, please continue:

Is a skin disorder the reason for today's visit? Yes☐ No ☐ Is the problem: getting better ☐; staying the same ☐ improving ☐
Describe the problem:

When did the problem first begin? (cat's age, time of year, etc.)

Do any pets in your home go outdoors? Yes☐ No ☐ If yes, which ones?
Were there changes in the household, which may have occurred just before the problem began?

Were there changes in the cat's health or behavior when the problem began?

Has the severity, frequency, pattern or type of hair loss changed since the problem first arose? Yes☐ No ☐ If yes, please describe:

Is there a particular event that is most likely to cause or aggravate the problem?

Is there a particular time of month or time of year that the problem gets worse or begins to improve?
Is the behavior more likely to occur when you are: At home but out of the room ☐; at home in the room ☐; away from home ☐

Do any other pets in the household have any skin problems? Yes☐ No ☐ If yes, please describe:

Have any other family members or friends developed skin problems? Yes☐ No ☐ If yes, please describe:
What has been done so far to try and correct the problem?

What was the cat's response?

List any techniques or medications that have been at all successful:

List any techniques or medications that have made the problem worse:

List any drugs tried so far, and the cat's response to medication (improvement / side effects):

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Miscellaneous

	Never	Occurs but not a concern	Occurs Would like to improve	Comments/describe
Jumps on counters	☐	☐	☐	
On furniture where not allowed	☐	☐	☐	
In rooms where not permitted	☐	☐	☐	
Nips / grabs – play bite	☐	☐	☐	
Altered Sleep – night waking	☐	☐	☐	
Hyperactive / over-exuberant	☐	☐	☐	
Hiding / avoidance	☐	☐	☐	
Not social – avoids affection	☐	☐	☐	
Climbing	☐	☐	☐	
Vocalization	☐	☐	☐	
Licking	☐	☐	☐	
Tail chasing / attack	☐	☐	☐	
Sucking	☐	☐	☐	
Light chasing	☐	☐	☐	
Snaps at air	☐	☐	☐	
Hyperesthesia (rippling skin)	☐	☐	☐	
Roaming / running away	☐	☐	☐	
Mounting	☐	☐	☐	

Other – Describe any problems not previously listed:

Medical Screen

Please have your veterinarian complete medical history and submit most recent diagnostic (lab) tests.
When was your cat's last veterinary visit?
Reason for visit:
Are vaccines up to date? ☐Yes ☐No If no, describe:
Does your pet have any ongoing medical problems? ☐Yes ☐No If yes, describe:

Is your pet presently on any medication? ☐Yes ☐No If yes, describe (include name, dosage, duration):

Has your pet had any laboratory tests? ☐Yes ☐No When: What tests?
If yes, indicate any abnormal findings:
Change in appetite: ☐Yes ☐No If yes, describe:
Change in weight: ☐Yes ☐No if yes, describe:

Does your pet drink excessively? ☐Yes ☐No If Yes, describe (how often, how much):

Does your pet have arthritis or any other painful condition? ☐Yes ☐No If yes, describe condition and treatment:

Have you noticed any deficits in your pet's senses? ☐Yes ☐No If yes, describe:

Have you noticed any change in stool frequency (how often) or in the way it looks ☐Yes ☐No If yes, describe:

Have you noticed any change in the frequency of urination or any discomfort? ☐Yes ☐No If yes, describe:

Have you notice any other health issues: ☐Yes ☐No If yes, describe:

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Veterinary History Form – for referral cases to be completed by referring DVM

Today's date:
Date of pending behavior consultation:
Client:
Pet Name:
Clinic:
Referring Doctor:
Clinic Phone #: ( )
Clinic FAX #: ( )
Clinic email:
Clinic Address:
City / town:
Postal Code:

Behavioral history

Describe the behavioral presenting complaint:

Please indicate any advice or counselling that you have given the client thus far:

Describe any medication or product recommendations and outcome.

Describe the pet's behavior in your clinic, including any problems that you have observed:

Has this pet's behavior in your clinic changed?

Medical history:

Date of most recent examination: Describe findings:
Are physical examination and vaccines up to date? ☐Yes ☐No If no, describe:

Current medications:

Describe any present medical problems and any treatment being received:

Describe any resolved medical problems, reoccurring medical problems or previous surgeries:

Is there any indication of pain ☐, sensory decline ☐, or cognitive dysfunction ☐

If yes, describe:

Does the pet have any dietary restrictions?

Diagnostic Screening Tests: Attach a copy of all recent laboratory tests OR list any recent tests and dates:

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