

East-West Animal Hospital
1524 Land O Lakes Blvd, Lutz, FL 33549
813-948-6534/Fax 949-5533



CAT BEHAVIOUR QUESTIONNAIRE

GENERAL INFORMATION

Name: _____
Date: _____
Address: _____
City/State: _____
Postal (zip) code: _____
Email: _____
Home: (_____) _____ - _____ Cell: (_____) _____ - _____
Fax: (_____) _____ - _____
Veterinarian/clinic: _____
Clinic phone: (_____) _____ - _____
Clinic address: _____

Referred by: _____

PET INFORMATION

Name: _____ Breed: _____ Color: _____
Date of birth (if known): _____ Age: _____ Age obtained: _____
Weight: _____
Sex: M/F Spayed/Neutered? Y/N
Age spayed/neutered: _____
If your pet is female did she experience one or more heat cycles before spaying? Y/N
How many? _____
Were they normal? Y/N
Any change after spaying/neutering? Y/N
If yes please explain: _____
If your pet is not spayed/neutered do you plan on breeding? Y/N
Age of first heat if applicable: _____
Date(s) of heat cycles: _____
Duration: _____

Has your pet ever been bred? Y/N

How many times? _____

Outcome: _____

Declawed? Y/N

Age at declawing: _____

Any change after declawing? Y/N

If yes please explain: _____

Why did you obtain your cat? (companion, breeding, etc.): _____

Have you owned a cat before? Y/N

Where did you get this pet?

shelter stray/found breeder rescue group newspaper

pet store friend other (please explain) _____

Breeder, if applicable: _____

Any previous owners? Y/N

If so, how many? 1 2 3 4 Unknown

Reason previous owners gave pet up (if known): _____

List all other pets, including species, breed, sex, age obtained and age now:

Name	Species	Breed	Sex	Age Obtained	Age Now

Refer to the list above and using numbers label which pet was obtained first, second etc.

Describe how your pets get along with each other (use reverse side if necessary):

List each family member living in the home:

Name	Age	Sex	Relationship	Occupation

FEEDING SCHEDULE/EATING HABITS

Brand and type (wet/dry/both) of food fed: _____

When and how often is pet fed? _____

Describe eating habits (e.g., picky, voracious): _____

List treats: _____

How often and in what amounts are they given? _____

Favorite treat: _____

ELIMINATION HABITS

How many litter boxes do you have

___0 ___1 ___2 ___3 ___4 ___5 ___>5

Describe the litter boxes (check all that apply and put the number of boxes in parentheses)

Description	Number
___Open	()
___Covered	()
___Square	()
___Rectangular	()
___Large	()
___Small	()
___Deep	()
___Shallow	()
___Liner	()
___No liner	()

Other please specify _____

What kind of litter material do you use in the box(es)? Check all that apply.

- ___ clumping ___ recyclable ___ plain clay ___ deodorized ___ playground sand
- ___ anything with a coupon ___ ashes ___ potting soil ___ None (empty box)
- ___ gravel/rock ___ sawdust/wood chips ___ wheat husks ___ scented
- ___ recycled pellet newspaper ___ shredded paper or paper towels
- ___ crystals/pearls ___ other--- please specify _____

Where are the litter boxes (check all that apply)

- ___ kitchen ___ bathroom ___ bedroom ___ attic ___ entryway ___ pantry
- ___ basement ___ basement ___ stairwell
- ___ Other--- please specify: _____

How deep is each of the litter boxes? _____

Does the cat respond differently to any of these listed:

Type of litter? Y/N Box size? Y/N Depth of litter? Y/N

If yes, describe: _____

How frequently is the litter scooped? _____

How frequently is the litter changed? _____

How frequently is the litter box washed and replaced? _____

What do you use to clean (wash) the litter box? _____

Are deodorants used in the cleaning process? _____

Describe, in detail, how your cat uses the litter box. e.g. Does it scratch in the litter before eliminating? Cover up feces? Etc. _____

Will the cat immediately use a freshly cleaned litter box? Y/N

Does the cat ever vocalize while it eliminates? Y/N

Does the cat eliminate in the presence of other animals or people? Y/N

Will the cat spray against the back of a covered litter box? Y/N

Does the cat ever use a shower or a bath tub for elimination? Y/N

If yes how frequently? _____

Is there anything else you would like to tell us about your cat's behavior?

ENVIRONMENT/LIFESTYLE

What kind of living situation do you have?

___ apartment ___ townhouse/condo ___ house with small yard

___ house with large yard ___ farm

Do you give catnip? Y/N

How often? _____

Cat's reaction: _____

Does your cat hunt? Y/N

What does your cat hunt? _____

What does cat do with prey after caught? _____

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 at home): _____

Daytime (when owners away): _____

Night-time: _____

When guests visit: _____

How does your cat react to the following:

Car rides: _____

Unusual/loud noises: _____

Strangers in home: _____

New (non-family) cats: _____

New (non family)dogs: _____

Exploratory and self play

Favored self-play toys: _____

Favored self-play games: _____

Favored play times: _____

How long does each play bout last, on average (in minutes)? _____

Does the cat have a play center? Y/N

Describe: _____

Interactive play

List games/activities cat enjoys: _____

Who plays with cat? _____

How often? _____

Favored play times: _____

How long does each play bout last, on average (in minutes)? _____

MEDICAL HISTORY

When was your pet's last physical exam? _____

When was your pet last vaccinated (date if you know it)?

Distemper _____ Rabies _____

Have any lab tests (such as blood work/urinalysis/x-rays) been done? Y/N

If yes what tests were done? _____

What were the results? _____

Please bring in results to your visit.

Does your pet have allergies? Y/N

If yes please list to what _____

Does your pet have any arthritis or other painful conditions? Y/N

If yes, describe: _____

Have you noticed any deficits in your pet's senses? Y/N

If yes, describe: _____

Does your pet drink or urinate excessively? Y/N

If yes, describe: _____

Does your pet have normal bowel movements? Y/N

If no, describe: _____

Does your pet have any other pre-existing or current medical conditions? Y/N

If yes what are they? _____

Is your pet currently taking any medication to prevent heartworms? Y/N

Brand _____

Is your pet on any kind of flea prevention? Y/N

Brand _____

Is your pet currently taking any other medication (this includes vitamins, herbs, and over the counter supplements)?

Y/N

<u>Name</u>	<u>concentration (mg)</u>	<u>frequency taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your cat ever had seizures? Y/N

Does your cat have any other medical problems we should know about? Y/N Explain on back

BEHAVIOR PROBLEMS

What is/are the behavior problem(s) that you wish to address and how much of a problem do you consider the behavior(s) to be?

<u>Behavior</u>	<u>very serious</u>	<u>serious</u>	<u>not serious</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Age when pet first began showing signs of the problem(s): _____

Has the frequency or intensity of the occurrence of the behavior changed since the problem started? Y/N

If so, how and when? _____

Behavior 1 _____

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in a situation during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Behavior 2 _____

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in situation and during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Behavior 3 _____

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in a situation during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Behavior 4 _____

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in situation and during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Record a detailed description of events and how long ago each event occurred:

Most recent incident: _____

Date Occurred: ____/____/____

Second most recent incident: _____

Date Occurred: ____/____/____

Third most recent incident: _____

Date Occurred: ____/____/____

Chronological development of problem and other significant incidents: _____

Duration of problems: _____ Days _____ Months _____ Years

Has your household changed since acquiring this pet? Y/N

If so, how?

___ Death in human family ___ Death in pet family ___ Divorce

___ Marriage ___ New baby ___ Child moved ___ Pet added

___ Family moved ___ Family schedule changed ___ Other: _____

What corrections (behavioral training) and/or medical therapy have been done to date and to what outcome? (Use reverse side if necessary.) _____

Do you know if the parents engage in similar behaviors as the presented pet?

___ Yes ___ No ___ Don't know

If yes, what behaviors are exhibited and by whom? _____

Do you know if any littermates are engaging in the same behaviors?

___ Yes ___ No ___ Don't know

If yes, what behaviors are exhibited and by whom? _____

Why have you kept this pet despite its behavior problem(s)? _____

Are you concerned that you may have caused the problem(s)? Y/N

Why? _____

Do you feel guilty about this/these problem(s)? Y/N

Why? _____

Have you considered finding another home for this pet? Y/N

Have you considered euthanasia (putting your pet to sleep)? Y/N

Did someone recommend euthanasia before your visit here? Y/N

What are your expectations for this visit? _____

