 **East-West Animal Hospital**

1524 Land O Lakes Blvd

Lutz, FL 33549

813-948-6534

team@ewahfl.com

 **CAT BEHAVIOR QUESTIONNAIRE**

**GENERAL INFORMATION**

Name:

Date:      /     /

Address:

City/State:       Postal (zip) code:

Email:

Cell: (     )     -

Veterinarian/clinic:

Clinic phone: (     )     -      Email:

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

1.

2.                                     3.                                     4.                                     5.

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 Description Number

 [ ]  Open (     ) [ ]  Square (     )

 [ ]  Covered (     ) [ ]  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 of paper towels [ ]  crystals/pearls [ ]  Other – please specify

Where are the litter boxes (check all that apply)?

[ ]  kitchen [ ]  bathroom [ ]  bedroom [ ]  attic [ ]  entryway [ ]  pantry [ ]  closet

[ ]  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 bathtub 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

Name concentration (mg) frequency taken

Has your cat every had a seizure? [ ]  Y [ ]  N

Does your cat have any other medical problems we should know about? [ ]  Y [ ]  N

 Explain

**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?

Behavior very serious serious not serious

      [ ]  [ ]  [ ]

      [ ]  [ ]  [ ]

      [ ]  [ ]  [ ]

      [ ]  [ ]  [ ]

      [ ]  [ ]  [ ]

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 a situation 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 a situation 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 change [ ]  Other:

What corrections (behavioral training) and/or medical therapy have been done to date and to what outcome?

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?