

Lakemont Veterinary Clinic, P.C.

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BEHAVIOR QUESTIONNAIRE FOR CATS

We thank you for completing this form and returning it by fax, mail, email, or in person at least 3 business days prior to your appointment. The return of this form is a CRUCIAL part of your pet's appointment. If this form is not received within the above time frame, you may be asked to reschedule.

Date/Time of appointment: _____

Patient Info:

Pet's name: _____

Age: _____

Sex: _____

Breed: _____

Date of birth: _____

Neutered/Spayed? _____

Owner Info:

Last name: _____

Address: _____

Home phone: _____

Email: _____

First name: _____

Work/Day phone: _____

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.”

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

Yes No

If so, how and when?

Home Environment

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

Name	Age	Sex	Relationship (e.g. self, husband)	(May we ask your) Occupation	# of Hours Away From Home	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?	Age 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? _____

5) Why was the pet given up? _____

6) Why did you acquire this cat? _____

7) Have you owned cats before? Yes No

8) Did you meet this cat's parents or littermates? Yes No

9) Do you know if the **parents** or **littermates** engaged in **similar behaviors** as the presented animal?
Yes, they did No, they didn't Don't know

10) If so, what behaviors were exhibited by whom?

11) How does your pet react to strangers?

12) How does your pet behave in veterinary offices and while being examined?

FEARS AND ANXIETIES

Please complete the table below. Check all that apply

Anything else that frightens your cat? _____

CIRCUMSTANCE	Hides	Escapes	Urinate	Defecates	Dilates pupils	Hisses	Vocalizes	Puffs up (fur/tail)
Cat is home with family								
Cat is alone at home or separated from family								
Visitor enters home								
Visitor approaches/ interacts with cat								
Another household cat approaches								
Household dog approaches								
At veterinary office								
At groomer's								
Owner is cleaning/ decorating/renovating								
New object is in the home								
Loud noises								
Unfamiliar animal approaches								

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
General interactions				
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				
Grooming				
16 Cat's ears or eyes are cleaned or treated				
17 Cat's nails are trimmed				
18 Cat is brushed/combed				
Interactions with other household pets				
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				
Veterinary visits				
28 Cat is in the waiting room				
30 Veterinarian/staff member handles/examines cat				
31 Cat is removed from or put back in carrier				
Punishment				
32 Cat is verbally scolded or yelled at				
33 Cat is physically punished (hit)				
Response to strangers				
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				
Response to unfamiliar animals				
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 house do you live in (studio, apartment, house)?
- 3) Has your household changed since acquiring this pet? Yes No
If so, how?

Daily Schedule

- 4) Is your cat:
 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): _____
- 5) Does your cat have access to the outside through a cat door? Yes No
- 6) If kept indoors, is your cat restricted to a specific area or room in the house? Yes No
Describe:
- 7) How many times do you play with toys or play games with the cat, daily (on average)? _____
- 8) How long does each play bout last, on average (in minutes)? _____

Elimination Behavior

- 9) How many litter boxes do you have? 0 1 2 3 4 5 6 >6
- 10) Describe the litter boxes (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						

11) *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) _____ |

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

13) How frequently is the urine or feces scooped? _____

14) How frequently is the litter entirely changed? _____

15) How frequently is the litter box washed and the contents replaced? _____

16) Are deodorants such as bleach or Lysol used in the cleaning process? Yes No

17) Will the cat immediately use a freshly cleaned litter box? Yes No Unsure

18) Will the cat eliminate in the presence of other animals or people? Yes No Unsure

19) Does the cat ever vocalize while it eliminates? Yes No Unsure

20) Does the cat ever run out of the box after eliminating? Yes No Unsure

21) Does your cat ever eliminate outside the box, in the house? Yes No

22) If so, does he or she: Urinate Defecate Both

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

24) Where are the litter boxes located?

25) Where does your pet sleep?

26) Is your cat very active at night? Yes No

Explain:

Diet and Feeding

27) Who feeds the cat? _____

28) What do you feed your cat? (Please be specific, i.e. brand name) _____

29) How many meals is your cat fed each day? Free choice 1 2 3 4

30) Amount of food per day? _____

31) Location where fed? _____

32) Does your cat have a good appetite? Yes No

Explain: _____

33) What is your cat's favorite treat or human food (i.e. Pounce treats, tuna)

Medical History

34) At what age was your cat neutered / spayed (if applicable)? _____

Date: _____

Reason: _____

35) If your cat is "intact" has he / she ever been bred? Yes No Unsure

36) Are you planning to breed? Yes No Unsure

37) Is your cat declawed? Yes No

If so, which feet?: Front feet Back feet All four

Age when declawed: _____

38) Is your cat on flea preventive? Yes No

Name of product _____

39) Has your cat been on behavioral medication in the past? Yes No

If so, please explain: _____

40) 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

41) Is your cat currently on any medications? Yes No

If so, please describe: _____

42) Why have you kept the cat despite its behavior problem?

Bite History

43) If your cat has ever bitten anyone, please indicate the total number of bites:

0 1 2 3 4 5 +5

44) Please indicate the number of bites that broke skin:

0 1 2 3 4 5 +5

45) Please indicate the number of bites reported, and to whom: (i.e. local authorities, hospital, humane society, etc.)

Number reported:

0 1 2 3 4 5 +5

Reported to: _____

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

47) Have you considered finding another home for this pet? Yes No

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

50) Did someone recommend euthanasia before your visit here? Yes No

Expectations

What are your expectations for your appointment with the Behavioral Medicine Clinic?

Comments?