Preliminary Behavior Consultation Questionnaire for Cat Owners

Please print and complete the questions and return this document before your appointment via mail, e-mail, fax, or in person. All of your answers are confidential. **Please note we request you bring proof of rabies vaccination to the appointment if the most current vaccine was not administered at our hospital.**

1. Pet’s name ______________________
2. Your name ______________________
3. Breed of cat _____________________
4. Color __________________________
5. Date of birth (if known) __________
6. Sex (circle one) MALE FEMALE

7. Has your pet been altered?
   - If yes:
     - At what age? ______________
     - Date of alteration __________
     - Reason for altering _________
     ____________________________________________________________________
   - If no:

8. Has this pet ever been bred? YES NO

9. If female, did she experience heat cycles before altering?
   - Age of 1st heat cycle, if applicable __________
   - Rate(s) of heat cycle(s) ______________
   ____________________________________________________________________

10. How old was your pet when you first acquired it? ______________

11. Has this pet had other owners?
    - If so, how many? ________
    - Why was this pet given up? ______________________________________
      ____________________________________________________________________

12. How long have you had this pet? _____

13. Where did you get this pet?
    - [ ] Stray/Found
    - [ ] Breeder
    - [ ] SPCA/Shelter
    - [ ] Breed Rescue Service
    - [ ] Pet Store    [ ] Friend
14. Why did you get this pet?

__________________________________
__________________________________
__________________________________
__________________________________

15. When was your pet last vaccinated for:

• Distemper/Feline rhinotracheitis
  Date (if known) _______________________

• Rabies
  Date (if known) _______________________

16. Is this pet (please check all that apply):

• Allowed to run free, unsupervised
• Fenced/kenneled/run
• Leash-walked only
• Outside unleashed, but supervised
• Indoors only
• Outdoors only

17. What percentage of the day does your pet spend outside?

________________

18. What kind of living situation do you have?

• Apartment
• Townhouse/Condominium
• House with small yard
• House with large yard
• Farm
• Other

19. Feeding:

How many meals is your pet fed daily?
1  2  3  4  5

At what times is your pet fed?

_______________________________

How often is your pet fed treats daily?
0  1  2  3  4

How often is your pet fed snacks from the table (i.e. human food) each day?
0  1  2  3  4

20. What exactly is your pet fed (include name brands such as Science Diet Hairball Control or Science Diet Kitten):

__________________________________
__________________________________
__________________________________

21. Does your pet have allergies? YES NO
If yes, please list below:

_______________________________
_______________________________
_______________________________
_______________________________
_______________________________
_______________________________

22. Does your pet have any preexisting or current medical problems? YES NO

If so, what are they?

_______________________________
_______________________________
_______________________________
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_______________________________

23. Is your pet currently taking any medications to prevent heartworm?

• No
• Yes - Which brand?

24. Is your pet on any other medications?

• No
• Yes - Please list below

_______________________________
_______________________________
_______________________________
_______________________________

25. Do you have any other pets? YES NO

Using numbers, please label which pet was obtained 1st, 2nd, 3rd, etc.

If so, are any of these pets ill? YES NO

26. Has your household changed since acquiring this pet? YES NO

• Death of human in family
• Death of pet in family
• Divorce
• Marriage
• Child moved
• Baby born
• Pet added
• Family moved
• Family schedule changed (lost or gained jobs)
• Other

27. Please list all the members currently living in this household.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relation</th>
<th>Occupation</th>
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Please mark with an asterisk (*) any of the above who are coming to the clinic with the pet. If anyone not listed is coming with the pet, who are they (i.e. friend, neighbor)?

___________________________________
___________________________________

28. Do you know how many animals were in this pet’s litter? YES NO

#

Males
Females

29. Why did you choose this specific animal from the litter?

___________________________________
___________________________________
___________________________________
___________________________________

30. Have you had this breed before?
   • Yes
   • No

31. Why did you choose this specific breed?

___________________________________
___________________________________
___________________________________

32. Have you had pets before? YES NO
33. Have you had dogs before? YES NO
34. Have you had cats before? YES NO
35. Where does your pet sleep? (Please check all that apply)
   • In or on your bed
   • On its own bed in your room
   • In a crate in another room
   • On the floor next to your bed
   • In another room, where it wants
   • In another room, locked from your room

36. Does your cat have any high perches in the house?
   • NO
   • YES - do they use it? YES NO

37. How often do you play with toys or play games with your pet inside the house daily (on average)

0 1 2 3 4 5
>5

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

38. How often do you play with toys or play games with your pet outside the house daily (on average)
How long does each play bout last on average (in minutes)

__________________

39. In detail, describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet? Do you seek it out and say goodbye? Do you make a fuss over it? Etc.

_______________________________
_______________________________
_______________________________
_______________________________
_______________________________
_______________________________

40. What does your pet do as you prepare to leave?

_______________________________
_______________________________
_______________________________
_______________________________
_______________________________
_______________________________

41. How many litter boxes do you have?

0 1 2 3 4 5
6 >6

42. Describe the litter boxes (check all that apply and put parentheses around the number of boxes for which the description is true):

• Open (  )
• Covered (  )

• Square (  )
• Rectangular (  )
• Large (  )
• Small (  )
• Deep (  )
• Shallow (  )
• Liner (  )
• No liner (  )
• Other (please specify): (  )

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

• Clumping/recyclable
• Plain clay
• Deodorized
• Playground sand
• Anything you can get with a coupon
• Ashes
• Potting soil
• None (empty box)
• Gravel/rock
• Sawdust/wood chips
• Wheat husk
• Recycled, pelleted newspaper
• Shredded paper or paper toweling
44. Where are the litter boxes? (check all that apply)
- Closet
- Kitchen
- Bathroom
- Bedroom
- Attic
- Entryway
- Pantry
- Basement
- Stairwell
- Other (please specify)

Feel free to include a diagram of your cat’s litter box locations if you think that will help us understand the situation.

45. In detail, describe how your cat uses the litter box. For example, does it scratch in the litter box before eliminating? Cover up feces? Scratch outside the box?

46. Does your cat use one litter box for urine and another for stool?
- YES
- NO

47. Are the front feet declawed?
- YES - Age declawed
- NO

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

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

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<th>Problem</th>
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<th>Serious</th>
<th>Very Serious</th>
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50. Why have you kept your pet despite its behavior problem?

_______________________________
_______________________________
_______________________________
_______________________________

51. Are you concerned that you may have caused this problem? YES NO

Why?
_______________________________
_______________________________
_______________________________
_______________________________

52. Do you feel guilty about this problem? YES NO

Why?
_______________________________
_______________________________
_______________________________
_______________________________

53. Have you considered finding another home for this pet?

• YES

• NO

54. Have you considered euthanasia (putting your pet to sleep)?

• YES

• NO

55. Did someone recommend euthanasia before your visit here?

• YES

56. If you think it would help us understand your pet's problem, please use the back of this page or attach a map of your house or the relevant areas of your house (i.e. locations of litter boxes, locations of fences, etc.).