

**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

- Any behavioral changes after alteration?

- If no:
 - Are you planning to breed this cat? YES 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 Service Breed Rescue Service
- Pet Store Friend

Internet/Newspaper Ad (Not from a breeder)

Other

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?

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

Name	Breed	Sex	Age obtained	Age Now

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.

Name	Age	Sex	Relation	Occupation

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)

0 1 2 3 4 5
>5

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

- Other (please specify)

-

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?

Problem	Not Serious	Serious	Very Serious

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

- NO

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.).