



BEHAVIORAL MEDICINE SERVICE

Behavior Questionnaire - Feline

Please complete this form and return it by e-mail, fax, or mail at least **THREE TO SEVEN DAYS** before your appointment. The return of this form is a **CRUCIAL** part of your pet's appointment.

Date/Time of appointment: _____

PATIENT

Pet's Name: _____ Breed: _____

Age: _____ Date Of Birth: _____

Sex: _____ Neutered/Spayed? YES NO

OWNER

Name: _____

Street Address: _____

City/State/Zip: _____

Preferred Phone: _____

E-Mail: _____

VETERINARIAN

Please have your pet's veterinary records emailed (behavior@mlahvet.com) or fax attn: Behavioral Medicine to 856-231-8393

Veterinarian Name: _____

Clinic Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Preferred Pharmacy: _____

24 HOUR EMERGENCY & SPECIALTY CARE

856-234-7626 • 220 Mount Laurel Road • Mount Laurel, NJ • mlahvet.com



HOME ENVIRONMENT

Please list the people, including yourself, living in your household

NAME	AGE	SEX	Relationship (ex. Self, Spouse)	OCCUPATION (optional)	Average # Of Hours Away From Home Per Day	Quality Of Relationship With Cat

HOME ENVIRONMENT

Please list all the animals in the household in the sequence they were obtained.

Name	Species	Breed	Sex	Neutered?	Age Obtained	Age Now	Quality of Relationship With Cat

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 The 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?

BACKGROUND INFORMATION

How long have you had your cat? _____

How old was your cat when you first acquired him/her? _____

Where did you get your cat? _____

Has this cat had other owners? _____

Why was the cat given up by previous owners? _____

Why did you acquire this cat? _____

Have you owned cats before? Yes No

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

Do you know if the parents or littermates engaged in similar behaviors?
 Yes, they did/do No, they don't/haven't Don't know

If so, what behaviors were exhibited by whom? _____

How does your cat react to strangers? _____

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

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				
Family member stares at cat				
Family member reaches toward or bends over cat				
Family member pets cat				
Family member hugs/kisses cat				
Family member lifts cat				
Family member approaches cat while resting				
Family member pushes/pulls cat (e.g., off furniture)				
Family member enters or leaves room cat is in				
Family member approaches/disturbs cat while eating				
Grooming				
Cat's ears or eyes are cleaned or treated				
Cat's nails are trimmed				
Cat is brushed/combed				
Interactions with other household pets				
Dog approaches cat while eating				
Another cat approaches cat while eating				
Cat encounters other cat near the litter box				
Another cat approaches/disturbs cat while resting				
Dog approaches/disturbs cat while resting				
Cat approaches another household cat who is resting				
Cat approaches another household cat who is eating				
Veterinary visits				
Cat is in the waiting room				
Veterinarian/staff member handles/examines cat				
Cat is removed from or put back in carrier				
Punishment				
Cat is verbally scolded or yelled at				
Cat is physically punished (hit)				
Response to strangers				
Unfamiliar person (adult) approaches cat				
Unfamiliar person (adult) speaks to/pets cat				
Unfamiliar child approaches or interacts with cat				
Response to infants or toddlers				
Unfamiliar person approaches/passes window while cat is indoors				
Response to unfamiliar animals				
Unfamiliar cat approaches/passes window while cat is indoors				
Unfamiliar cat approaches/interacts with cat outside				
Unfamiliar dog approaches/passes window while cat is indoors				

ENVIRONMENT

What type of area do you live in (Urban, Suburban, Etc...) _____

What type of home do you live in (Studio, Apartment, House) _____

Has your household changed since acquiring your cat? YES NO
If so, how?

DAILY SCHEDULE

Is your cat:

- Indoors only Outdoors only
- Primarily indoors: on average, per day, spends how many hours outside:
- Primarily outdoors: on average, per day, spends how many hours inside:
- Other, please explain:

Does your cat have access to the outside through a cat door? Yes No

If kept indoors, is your cat restricted to a specific area or room in the house?

Yes No

Describe:

How many times do you play with toys or play games with the cat, daily (on average)?

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

Where does your pet sleep?

Is your cat very active at night? Yes No

Describe:

DIET AND FEEDING

Who feeds your cat? _____

What do you feed your cat? (Please be specific, i.e. brand name, canned vs. dry)

How many meals is your cat fed each day or is he/she fed free choice?

How much food do you feed your cat, per day? _____

Where is your cat's food bowl?

Does your cat have a good appetite? Yes No

Explain: _____

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

ELIMINATION BEHAVIOR

How many litter boxes do you have?

0 1 2 3 4 5 6 Other:

Please describe the litter boxes by checking all that apply per box:

DESCRIPTION	1	2	3	4	5	6
Open						
Covered						
Large						
Small						
Deep						
Shallow						
Liner (unscented)						
Liner (scented)						
No liner						
Litter (see question below)						

ELIMINATION BEHAVIOR *continued*

What kind of litter material is used in the box(es)? (Please check all that apply and number corresponding to description on previous page)

Box #	Type of litter	Location in house
	Plain clay	
	Clumping / scoopable	
	Playground sand	
	Sawdust / woodchips	
	Newspaper - pelleted	
	Shredded paper	
	Paper towels	
	Potting soil	
	Pine shavings	
	Wheat	
	Deodorized	
	Disposable cardboard tray	
	None (empty box)	
	Anything you can get with a coupon	
	Other:	

How frequently is the urine or feces scooped? _____

How frequently is the litter entirely changed? _____

How frequently is the litter box washed and the contents replaced: _____

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

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

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

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

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

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

If so, does he or she: Urinate Defecate Both

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

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?

MEDICAL HISTORY

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

Reason: _____

If your cat is not neutered has he/she ever been bred? Yes No Unsure

Are you planning to breed your cat? Yes No Unsure

Is your cat declawed? Yes No

If so, which feet? Front Back All four

Age when declawed: _____

Is your pet currently receiving flea prevention? Yes No

If so, please list the type:

Has your pet been on any behavioral medications in the past? Yes No

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Date	Treatment	Outcome

Is your pet currently on any medications? Yes No

Please list any medications/supplements you administer to your pet:

MEDICAL PROBLEMS:

Please list any previously diagnosed medical problems and how they were treated.

Date	Diagnosis	Treatment Including medications and dosage	Outcome

Why have you kept your cat despite it's behavioral problem

BITE HISTORY

If your cat has ever bitten anyone, please list the total number of bites: _____

Please list the number of bites that broke skin: _____

Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.): _____

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

Have you considered finding another home for this cat? Yes No

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

Has someone recommended euthanasia before your visit here? Yes No

