

# Feline Behavior Questionnaire:

Videos of all behaviors of concern are always helpful and appreciated!

**Has your cat had previous owners? If yes, how many?**

**What was the reason for relinquishment?**

**How many people in your household are** (please indicate number of people in each age range)

0-24 months

2yr-4yrs

5yrs-10yrs

11yrs-18yrs

19yrs-60yrs

61yrs+

**Is your cat (Mark one)**

Indoor only    Outdoor only    Indoor (with controlled access to screened porch)

Indoor (with cat door access to screened porch)    Indoor (goes out on a leash)

Indoor (goes out with supervision)    Indoor (goes out without supervision)

**How many play sessions does your cat get per day?**

**Please describe your typical play sessions:**

**Rate your pet's activity level/personality level from 1-5 (1 = couch potato - 5 = never stops moving):**

**List all other pets (name and species) in your household:**

**Describe your cat's relationship with other pets in the household:**

**Does your cat ..... (mark all that apply) with other cats?**

Sleep    Groom    Play    Eat

**Does your cat ..... (mark all that apply) with dogs?**

Sleep    Groom    Play    Eat

**What are your goals from a behavior consultation?**

**Does your cat have any previously diagnosed medical conditions? If yes, please briefly describe:**

**Have you noticed, or suspected any of the following changes in your cat? (Mark all that apply)**

Weight gain/loss      Hearing/vision loss      Sleeping more/less

Seeking warmer/cooler places      Balance issues

Grooming more than/less than usual

**Please describe the main behavior problem, making sure to include when the problem started, how old the cat was when the problem started, how frequently the problem occurs, how family members/other pets respond, and describing a “typical” event:**

**Has your cat ever bitten a person?**

If yes, How many times?      Broken skin?      Been reported to Animal control?

**Has your cat ever bitten another pet?**

If yes, How many times?      Broken skin?      Been reported to Animal control?

**Does your cat eliminate outside the litter box?**

Yes      No  
Urine      Feces      Both

**When your cat uses the litter box do they** (Mark all that apply)

Scratch before eliminating      Cover feces      Cover urine  
Immediately use a clean box      Cry or Meow      Run out of the box when finished  
Scratch outside of the box

**When your cat urinates or defecates outside of the litter box do they** (Mark all that apply)

Scratch as if to cover      Stand and spray urine      Urinate on horizontal surfaces  
Urinate on vertical surfaces      Urinate on hard surfaces  
Urinate on soft surfaces      Urinate in a particular place

**What are you using to clean soiled areas** (Mark all that apply)

Vinegar and Water      Nature's Miracle      Urine off      Zero Odor      Dish soap  
Febreze      Carpet cleaner      Anti Icky Poo      Other:

**What litter are you currently using? (If you have recently changed brands please note this as well)**

World's Best      Cat Attract      Another litter with Cat Attract added  
Tidy cat clumping      Tidy cat      Nature's miracle      Naturally Fresh  
Fresh Step Ultracare      Everclear      Sweetscoop      Tidy cat lightweight  
Arm and Hammer clumping      Fresh Step Multicat      Yesterday's news  
Other:

**How many litter boxes are in the house?**

**Please describe each litter box. Include in the description if the box is open/covered, if a liner is used, approximate size, location, frequency scooped, and the frequency emptied/washed/litter replaced.**

**Is your cat aggressive toward people?**

**If yes, when is your cat aggressive towards people (Mark all that apply)**

Being reached for Spoken to Corrected Looked at Touched Toweled In their bed  
In your bed Examined by Veterinarian Eating Lifted Pushed/pulled Playing  
Sleeping When startled Hugged Nails Trimmed Bathed  
Sees kids Sees/hears loud noises Leash put on/taken off Collar put on/taken off  
Never Other:

**When your cat is separated from the family (Mark all that apply)**

Cries/meows/howls Urinates outside the box Defecates outside the box Hides  
Puffs up Destroys Hisses Escapes Other:

**When visitors enter the home (Mark all that apply)**

Cries/meows/howls Urinates outside the box Defecates outside the box Hides  
Puffs up Destroys Hisses Escapes Other:

**When another household cat approaches** (Mark all that apply)

Cries/meows/howls   Urinates outside the box   Defecates outside the box   Hides  
Puffs up   Destroys   Hisses   Escapes   Stalks   Attacks   Other:

**When a new object is placed in the home (new furniture or re-arrangement of furniture)**

(Mark all that apply)

Cries/meows/howls   Urinates outside the box   Defecates outside the box   Hides  
Puffs up   Destroys   Hisses   Escapes   Stalks   Attacks  
Other:

**When an unfamiliar animal approaches** (Mark all that apply)

Cries/meows/howls   Urinates outside the box   Defecates outside the box   Hides  
Puffs up   Destroys   Hisses   Escapes   Stalks   Attacks  
Other:

**When loud noises occur (storms, fireworks, gunshots, etc.)** (Mark all that apply)

Cries/meows/howls   Urinates outside the box   Defecates outside the box   Hides  
Puffs up   Destroys   Hisses   Escapes   Stalks   Attacks  
Other:

**Do these behaviors occur for all members of the family or only specific members?**

**Do these behaviors occur for all pets in the household or only specific members?**

**Please mark all previous treatments/methods tried:**

fluoxetine    Zylkene    Feliway diffuser    Anxitane    Avoidance    Rescue Remedy  
Natural therapies    Acupuncture    amitriptyline    Separation of animals  
paroxetine    alprazolam    Increase play    Food toys    Yelling    Thundershirt  
Holding down Scruff    Get another pet    Shake or throw can    Spray with water  
Loud noise    Time out    Decrease play    Other:

**Do you believe that your cat was abused at some point in time? If yes, please elaborate.**

**If you have behavior concerns, other than the main behavior problem previously described, please describe below. Make sure to include when the problem started, how frequently the problem occurs, and describing a “typical” event:**