

Feline Questionnaire

Date form completed:

Owner's Name:

Address of owner:

Telephone:

Email:

Cat's Name:

Breed:

Color:

Age of cat now:

Reason for neutering:

Has the cat been declawed?

If so, at what age?

Behavioral changes after declawing?

Name of veterinarian & hospital:

Date of last physical examination:

Any medical issues?

Weight:

Sex:

Spayed/Neutered:

Age of neutering:

Any behavioral changes following neutering?

Please list all current medications & supplements: (Please include the dose)

Please list any previous behavior medications that have been tried: (Please include the dose and dates medication(s) were started and stopped)

Feline Questionnaire

Presenting Complaint

Please describe your cat's problem(s):

At what age did the problem start, if known?

How long does each incident last, if known?

How often does it occur?

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which seem to trigger the behavior?

Can your cat be verbally or physically interrupted when engaged in the problem behavior?

How long is the interval between the behavior stopping and the beginning of the next occurrence?

Describe any methods used to stop the behavior and the cat's response to these methods:

Please give a detailed description of the last 2 times this problem occurred:

Feline Questionnaire

Cat's History

Where did you get your cat?

At what age was your cat acquired?

Do you know if your cat's parents or siblings engaged in similar behaviors or any other abnormal behaviors?

How would you describe your cat's temperament?

Calm:

Hyperactive:

Timid:

Anxious/nervous:

Shy:

Aloof:

Affectionate:

Other (describe):

List people living in the house with the pet. Please include **children's** ages:

List other animals in the household, their species, breed, age, sex and whether or not they are neutered. Please note which of these animals were living in the house when this cat was acquired.

Describe interactions between animals in the household:

Do the animals eat together?

Describe interactions between cat and family members:

Has any human or pet to whom the cat was bonded left the home?

Did this coincide with the onset of any of the problem behavior(s)?

Did any of the problem behavior(s) coincide with the addition of a new animal or human to the household?

Feline Questionnaire

How does the cat react to other cats outside the house?

1. When the cat is indoors and sees other cats through the window:

2. When the cat is also outside:

Behavior of cat with strangers in the home:

Behavior of cat in veterinary office and during examination:

Daily Activities

Please describe a typical 24 hour day in your cat's life:

Diet

Type of food given:

Frequency of feeding:

Other food/treats/table scraps:

Does the cat hunt?

If yes, does the cat eat the animals it catches?

Feline Questionnaire

Litterboxes

Number of litterboxes in the house:

Location of litterboxes:

Type of litterbox:

Open, closed, large, small

Type of litter used:

Have you used different types of litter in the past?

If so, did changing type affect the cat's behavior?

If the cat's behavioral problem involves inappropriate urination or defecation, is there one particular location or type of surface or material where your cat commonly eliminates?
(other than its litterbox)

Have you ever noticed your cat straining to urinate or defecate?

Have you ever noticed any blood in your cat's litterbox?

Frequency of cleaning of litterbox:

Feline Questionnaire

Please check all behaviors that your cat exhibits during **thunderstorms, noise, fire works, etc.**

A) Destructiveness

1 Small items (e.g. pens, paper, etc)	2	3	4	5 Extensive damage (e.g. holes in wall, etc)
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B) Elimination (**Urination, Defecation, both**)

1 Small amount	2	3	4	5 Extensive amount
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C) Salivation

1 Damp around mouth	2	3	4	5 Wet around mouth and forepaws
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D) Vocalizations (Circle all that apply) **Crying, Meowing, Other**(describe): _____

1 Less than 2 minutes	2 5-15 min	3 15-30 min	4 30min-1 hour	5 More than 1 hour
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E) Hiding, **Where ?** _____

1 Small amount	2	3	4	5 Extensive amount
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F) Pacing

1 Small amount	2	3	4	5 Extensive amount
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H) Remains near owner

1 Small amount	2	3	4	5 Extensive amount
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I) Self damaging behavior

1 Small amount (e.g. licking feet etc)	2	3	4	5 Extensive trauma (e.g. broken teeth, nail etc)
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J) Trembling

1 Small amount	2	3	4	5 Extensive amount
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K) Other (describe) _____

1 Small amount	2	3	4	5 Extensive amount
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Feline Questionnaire

Please have your veterinarian send us your pet's medical record including lab work. Documents can be sent by email to liaisons@tufts.edu or by fax to (508)839-7951.

Check in for stressed patients:

If your pet becomes excessively stressed at the vet's office and you would like to check in from the car, please call (508)887-4375 as soon as you arrive for your pet's consultation. One of our front desk staff will take your information and let us know you have arrived and where to find you. We will then escort you to our separate entrance so you can avoid the waiting room.

Please be aware that this number is only to be used as a method of checking into the hospital. For any behavior related queries, please call our departmental line at (508)887-4640.

Feel free to call with questions prior to your behavior consultation or you can visit our [website \(http://vet.tufts.edu/behavior/\)](http://vet.tufts.edu/behavior/). If you have questions about keeping you or anyone in your household (including other animals) safe until your appointment please call us at (508)887-4640.

If you provide a video or pictures of your pet(s), would you give us permission to use them for teaching purposes?

Yes _____

No _____