

**Jill A. Goldman, Ph.D., CAAB  
Animal Behavior Services**



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**Cat Behavior History Questionnaire**

Client Name: \_\_\_\_\_

Cat Name: \_\_\_\_\_

Breed/Sex/Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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Where did you obtain this cat? Please specify (e.g. friend, breeder, cat shop, humane society, etc.):

When?

For what purpose was this cat obtained? Please specify (e.g. companionship, breeding, show, etc.):

Rate your experience level with cats: Novice \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Describe the cat's personality:

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Date of last veterinarian exam: \_\_\_\_\_

List all major surgical or medical problems and approximate dates:

List all medications (including dosage and schedule) currently being taken by this cat:

**BEHAVIOR PROBLEM INFORMATION:** Describe the cat's behavior problem(s) and how it developed. Including where and under what circumstance each problem(s) was first noted, and the situations(s) in which the problem is most likely to occur. If the cat has an aggression problem, describe at least the last two or three aggressive incidents in detail (including date, time of day, and context). Describe all situations that are likely to elicit aggressive behavior (e.g. growling, hissing, scratching, biting, attacking, etc.).

The severity is: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Other \_\_\_\_\_

At what age was the cat when this problem started? \_\_\_\_\_ Date: \_\_\_\_\_

How many times has the problem occurred a) past week \_\_\_\_ b) past month \_\_\_\_ c) past year \_\_\_\_?

<b>The problem(s) occur:</b>	<b>Always</b>	<b>Usually</b>	<b>Rarely</b>	<b>Never</b>
When the cat is left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the presence of the family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the night when the family sleeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When guest comes over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any change in frequency or appearance:

Describe any behavior problem(s) involving family members:

List any changes in the household when the problem first appeared (e.g. moved, redecorated, change in family schedule/dynamics, boarded, new family member/roommate, visitors, diet change, etc.)?

What has been done so far to correct the problem(s) (discipline, confinement)? What techniques have been successful or made the problem(s) worse?

List all medications (dosage, schedule & duration) that has been prescribed for a behavior problem and the results:

Have you considered euthanasia? Y\_\_\_ N\_\_\_ Comment:

**Behavior:** Indicate any other behavior problems:

House soils	Shy	Scratching people
Destructive: digs, chews, scratches	Urine Marking	Hunting
Excessively demanding	Pacing	Unruly
Excessive nocturnal activity	Aggressive	Bites
Chews self	Vocalizing/Howling	Fights
Gets on furniture not permitted	Scratching people	Roaming
Chew/Swallow nonfood items	Sleep disorders	Sexual

Does this cat get along with other animals? Y  N  If not, please explain:

Describe the cat's reaction to:

Familiar cats:

Unfamiliar cats:

Familiar people:

Unfamiliar people:

Describe any situations where the cat is shy, timid, or fearful:

How does the cat react when frightened (e.g. cower, retreat, aggression, etc.)?

What is the cat's reaction when left alone?

How does the cat react to?

Nail trimming:

Giving medication:

Cleaning ears:

Grooming

Bathing:

Patting head

Rubbing tummy

Lifting

Rolling over

**Cat's Diet:**

\_\_\_% Dry (Brand \_\_\_\_\_) \_\_\_% Wet (Brand: \_\_\_\_\_)

\_\_\_% Table Scraps, Supplements: \_\_\_\_\_

How many times a day is the cat fed? \_\_\_\_\_ By whom? \_\_\_\_\_

When? \_\_\_\_\_ Location: \_\_\_\_\_

Does the cat finish his/her meal(s)? \_\_\_\_\_ - \_\_\_% Leftover \_\_\_\_\_

Describe feeding habits: Poor\_\_\_ Picky\_\_\_ Normal\_\_\_ Voracious

What is your cat's favorite treat(s)?

When are treats delivered?

**Environment/Lifestyle:** Briefly describe your home (apartment, house, other):

List each family member (including daily schedule, sex, and age if under 18):

1. M/F Age\_\_\_ Schedule
2. M/F Age\_\_\_ Schedule
3. M/F Age\_\_\_ Schedule
4. M/F Age\_\_\_ Schedule
5. M/F Age\_\_\_ Schedule
6. M/F Age\_\_\_ Schedule

List other animals in the home:

Name	Species	Breed	Sex	Age Now	Age when obtained	Order obtained

Describe how your pets interact with each other, including who's in charge:

Describe where cat stays at each of the following times:

Family home:

Family away:

Family asleep:

When guests visit:

What is the cat's favorite resting/sleeping area(s)?

**Activity:** At what time of the day is the cat most active?

Time indoors \_\_\_\_\_ % Time outdoors \_\_\_\_\_ %

When outdoors is the cat supervised? \_\_\_\_\_ If yes, describe: (off lead, on harness, etc.)

Is the cat left alone during the day? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Does the cat run free? \_\_\_\_\_ If yes, when/where/how long? \_\_\_\_\_

What amount of exercise or opportunity to exercise is given to the cat (hours/day/week)?

What is the cat's favorite activity/toy(s)/games? How often: \_\_\_\_\_ day, \_\_\_\_\_ week, \_\_\_\_\_ month

How does your cat respond to catnip?

How often does the cat play with people? \_\_\_\_\_ Other cats? \_\_\_\_\_

Does the cat have a scratching post? \_\_\_\_\_ If yes describe size, shape, and location:

Does the cat kneed? If so, what objects?

**Training:**

The cats's ability to learn is Fast \_\_\_\_\_ Slow \_\_\_\_\_ Easily Distracted \_\_\_\_\_ Other \_\_\_\_\_

Describe any training? What cues does your cat respond to?

What type of collar is used for walking/training?

**Punishment:** Have any of these correction techniques been used? If so, rate their success.

Physical (hitting)	Y N	Success: High/Med/Low/None
Noise (Shaker can/siren)	Y N	Success: High/Med/Low/None
Ultrasonic (PetAgree)	Y N	Success: High/Med/Low/None
Water spray	Y N	Success: High/Med/Low/None
Verbal/shouting	Y N	Success: High/Med/Low/None
Time Out	Y N	Success: High/Med/Low/None
E-Collar	Y N	Success: High/Med/Low/None
Other	Y N	Success: High/Med/Low/None

Has punishment made the problem worse?

**Feline Elimination Problems (complete only if applicable).**

When does the elimination problem occur?

Family not home      Family home but not supervising      Family sleeping/nighttime      Family watching

Does any straining or pain accompany urination? Y N Defecation? Y N

Any blood in the urine? Y N Stool? Y N Describe:

Are stools regular and normal consistency? Y N Describe:

Is there an increasing in drinking? Y N Describe:

# Urinations/day\_\_\_\_\_ # Defecations? \_\_\_\_ Is there increased frequency of urination? Y N Defecation Y N

What percent of all inappropriate elimination is urine?\_\_\_\_\_ % Stool?\_ %

Frequency of urination outside the litter box each \_\_\_\_day, \_\_\_\_week \_\_\_\_ month. Never urinates in box

Frequency of defecation outside the box each \_\_\_\_day, \_\_\_\_week \_\_\_\_ month. Never defecates in box

Is there a preference for secluded areas? (Closets, under furniture, etc.)? Y N

Is there a preference for urinating on?

Upright surfaces (walls, sides of furniture, drapes)      Y N \_\_\_\_\_ % upright

Horizontal surfaces (floor, top of counters or furniture)      Y N \_\_\_\_\_ % horizontal

Is there a particular room or area where the cat prefers to soil?

Are there rooms or areas where the cat never soils, even though it has access to the areas?

Are there any surfaces on which your cat will not eliminate?

Object preference for soiling (your belongings, new furniture, old furniture etc)?

List the most frequently soiled areas, type of surface, and how frequency.

<u>Location</u>	<u>Surface or object</u>	<u>How often</u>	<u>% of total soiling</u>
#1. _____	_____	_____	_____
#2. _____	_____	_____	_____
#3. _____	_____	_____	_____
#4. _____	_____	_____	_____

Where does your cat eliminate? \_\_\_\_\_ % Indoors \_\_\_\_\_ % Outdoors

How often is the litter box cleaned? \_\_\_\_\_ Changed? \_\_\_\_\_

How many litterboxes do you have?

<u>Location:</u>	<u>Type of litter</u>	<u>Duration of use</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a type of litter the cat strongly likes or dislikes? Describe:

Is there a type of litter box the cat strongly likes or dislikes? Describe:

Are there litter box locations that the cat strongly likes or dislikes? Describe:

Do the cat's use each other's litter boxes? Y N Comment:

Does the cat dig/bury after eliminating? Y N Comment:

Has this cat ever eliminated consistently in the litter box? \_\_\_\_\_ When/how long? \_\_\_\_\_

Age when litter trained \_\_\_\_\_ Method of training \_\_\_\_\_

Any problems training?

Do other cats visit or mark outside your windows, doors, etc? Y N If yes, does the cat's elimination occur near these

Has your cat ever had a urinary problem? \_\_\_\_\_

Any treatment? \_\_\_\_\_

Current treatment (medication/diet)? \_\_\_\_\_

Has your cat ever had a urinalysis? Yes/No If yes, indicate when and outcome: \_\_\_\_\_

**Feline Aggression Problems (complete only if applicable).**

Has the cat ever bitten or scratched aggressively and broken skin or caused injury? Y N Describe:

Is the cat aggressive to family members? Y N Describe:

Is the cat aggressive to non-family members? Y N Describe:

Do any circumstances cause aggression (growl, glare snarl, hiss, snap, bite)? For example, approach when eating, chewing toy, disturbed when resting, punishment/discipline, people/animals entering home/yard:

Is there a particular type of handling (lifting, patting, grooming, trimming nails, cleaning ears, brushing teeth, giving medication, other) that leads to aggression?

Is there an area of the body that is particularly sensitive?

Describe any other situations, not previously discussed where the cat has been aggressive:

Is there a particular person or type of person (baby, children, etc.) that the cat is aggressive toward?

When the cat was aggressive, was there an illness, injury, or unusual situation that might have caused the aggression?

Is your cat aggressive with other cats? Y N Describe

Does your cat show fear at the time of aggression? (Growling, snapping, biting accompanied by cowering, ears back, tail tucked, hackles raised, retreating, hiding) Describe: