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Cat Behavior History Questionnaire

Client Name: _____

Cat Name: _____

Breed/Sex/Age: _____

Veterinarian: _____

Where did you obtain this cat? Friend, breeder, shop, humane society, other. Specify.

When?

For what purpose was this cat obtained? Companionship, breeding, show, other. Please specify.

Rate your experience level with cats: _____ Novice _____ Moderate _____ High

Describe the cat's personality:

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:

PRINCIPAL COMPLAINT: Describe the primary problem and how it developed. Including where and under what circumstances was each problem(s) first noted and the situations(s) in which the problem is most likely to occur?

The severity is: mild moderate severe other

What age was the cat when this problem started? _____ Month and year problem started? _____

How many times has the problem occurred: a) past week _____ b) past month _____ c) past year _____

Describe any change in frequency or appearance:

<u>The problems occur:</u>	<u>Always</u>	<u>Usually</u>	<u>Rarely</u>	<u>Never</u>
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"/>

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

Have you considered euthanasia? Y. N. Comment:

Environment/Lifestyle: Briefly describe home: apartment, house, other:

Describe where cat stays at each of the following times:

Family home:

Family away:

Family asleep:

When guests visit:

Favorite resting/sleeping area(s):

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 _____

How long is the cat home alone on the average day? _____ Cat's reaction when left alone?

List other animals in the home:

Name	Species	Breed	Sex	Age Now	Age when obtained	Order obtained
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Describe how your pets interact with each other, including who's in charge.

Have there ever been any changes in the household that your cat had difficulty adapting to? Describe:

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

How does this cat react to unfamiliar people?

Diet

___ % Dry (Brand _____) ___ % Wet (Brand: _____)

___ % Table Scraps, Supplements: _____

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

When? _____ Location: _____

Does your cat finish his/her meal(s)? _____ % Leftover _____

Describe feeding habits: poor eater, picky, normal appetite, voracious

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

When are treats delivered? _____

Activity

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

Time indoors ____ % Time outdoors ____ %

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

Does your cat run free? Y. N. When/where/how long?

What is the cat's favorite activity?

Does the cat play with toys? _____ How often: _____ day, _____ week, _____ month

With people?

Other cats?

Favorite Toys?

How does your cat respond to catnip?

Describe the cat's grooming: frequent / very little / excessive / other

Are there any situations that cause grooming to increase? Describe.

Does the cat have a scratching post? Y. N. If yes, describe size, shape, location:

Does the cat scratch any areas/objects other than its scratching post? Y. N. Describe locations/type of surfaces preferred:

Does the cat kneed? If so, what objects?

Handling How does the cat react to:

Nail trimming:

Giving medication:

Cleaning ears:

Grooming

Bathing:

Patting head:

Rubbing tummy:

Lifting:

Rolling over:

Social behavior : Describe cat's reaction to:

Familiar cats:

Unfamiliar cats:

Familiar people:

Unfamiliar people:

Training: Describe any training?

What commands does your cat respond to?

The cat's ability to learn is fast/slow/easily distracted, other_____

Punishment

Have you used any of the correction techniques: (Circle the number of the most effective punishment)

- Physical (hitting) Y N Success: High/Med/Low/None
- Noise (Shaker can/siren) Y N Success: High/Med/Low/None
- Ultrasonic (CatAgree) 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 any punishment made the problem worse or caused aggression?

Fears and Phobias

Describe any situations where your cat is shy, timid, or fearful.

How does the cat react when frightened? Cower, retreat, aggression, other:

Elimination Data

Where does your cat eliminate? _____ % Indoors _____ % Outdoors

How often is the litter box cleaned? _____ Changed? _____

How many litter boxes do you have?

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 your cat dig/bury after eliminating? Y N Comment:

Feline Elimination Problems (complete only if applicable)

Litter box information:

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

Has this cat ever eliminated consistently in the litter box? Y N When/how long? _____

Age when litter trained _____ Method of training _____

Any problems training?

When does the elimination problem occur?

family not home, family home but not supervising, family sleeping/nighttime, with family watching

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?

Surface preference for soiling:

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 (carpet, bedspread, furniture, etc) and how often your cat eliminates in each inappropriate location.

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

Comments:

Do other cats visit or mark outside your windows, doors, etc? Y N _____

If yes, does the cat's elimination occur near these doors, windows, etc? _____

Has your cat ever had a urinary problem? Yes/No If yes, describe and indicate when: _____

Any treatment? _____

Current treatment (medication/diet)? _____

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

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

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

Are stools regular and normal consistency? Y N If no, describe: _____

Is there an increasing in drinking? Y N Describe: _____

of urinations/day? ____ # defecations? ____ Is there increased frequency of urination? Y N Defecation Y N

Comments:

AGGRESSION DATA (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 your 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:

Circle Additional Problems:

Aggressive
Chews self
Chews non-food items, plants Eats non-food items
Destructive (digs, chews, scratches)
Excessively demanding
Excessive nocturnal activity
Gets on furniture where not permitted
Gets into rooms where nor permitted
House soiling
Hunting
Roaming
Scratching people
Mounting

Urine marking
Roaming
Sexual
Sleep disorders
Unruly
Urine Marking Vocalization/Howling
Other