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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? 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:

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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:

**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"/>

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

Have you considered euthanasia? Y. N. Comment:

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**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?

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**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?

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**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