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## Feline Behavior Questionnaire

### Owner Information

Today's date: \_\_\_\_\_ Date/time of Behavior Consultation: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone numbers-- Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Cell #2: \_\_\_\_\_  
Which phone number should be primary contact number for all communications? \_\_\_\_\_  
Keep in mind that most phone communication occurs during daytime hours.  
Email address(es): \_\_\_\_\_

Referring veterinarian's name: \_\_\_\_\_  
Referring veterinarian's clinic name: \_\_\_\_\_  
Clinic address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Clinic phone: (\_\_\_\_) \_\_\_\_\_ Clinic fax: (\_\_\_\_) \_\_\_\_\_  
Referring veterinarian's email address: \_\_\_\_\_

### Cat Information

Cat's Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Color/pattern: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ If unknown date of birth, estimated age: \_\_\_\_\_  months  years  
Weight: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered?  Yes  No Age at  
neuter: \_\_\_\_\_  
Is she/he declawed?  Yes  No If declawed, which paws?  Fronts only  All four paws  
How old was your cat when she/he was declawed? \_\_\_\_\_  
How old was your cat when you obtained him/her? \_\_\_\_\_  months  years  
Where did you get your cat?  
 Stray/found  Animal shelter/humane society  Pet store  Breeder  
 Rescue league  Private home  Friend  Relative  Other (please explain)  
\_\_\_\_\_  
Did you get to meet your cat's parent(s)?  Yes  No  
Describe parent(s) personality (if known): \_\_\_\_\_

Has your cat had any previous owners?  Yes  No If yes, how many? \_\_\_\_\_

If your cat had a previous owner, please describe the reason the last owner could not/did not keep cat:

Describe your cat's personality in 5 words or less (e.g. quiet, stubborn, loveable, shy, bold, etc):

### Medical Information

Does your cat have any ongoing medical conditions?  Yes  No

If yes, please list: \_\_\_\_\_

Has your cat ever had a seizure?  Yes  No

Have you noticed any decrease in your cat's senses (e.g. can't see as well anymore, can't hear well, etc.)?  Yes  No If yes, describe: \_\_\_\_\_

Please list all medications and supplements that your cat is taking (include drug name, dose, how many times a day, how long he/she has been taking it) Please include any heartworm and/or internal/external parasite preventatives:

Date of most recent rabies vaccination: \_\_\_\_\_

1 year vaccine  3 year vaccine

Appetite:  Normal  Increased  Decreased  Picky  Eats fast

Are there any foods that your cat cannot have?  Yes  No If yes, please list:

Stool consistency:  Normal  Very hard  Soft but formed  Diarrhea

Does your cat seem to have normal bowel movements?  Yes  No If no, describe:

Urine character:  Normal  Strong smell  Larger amount than normal  Smaller amount than normal  Bloody  Other (please describe): \_\_\_\_\_

Is there any discomfort noted during urination?  Yes  No If yes, please describe:

Has there been any increase in water drinking?  Yes  No

Your cat's activity level:  Normal  Increased  Decreased

Has there been a change in how active your cat has been lately?  Yes  No

Does your cat vocalize excessively?  Yes  No If yes, describe when, where, and how often this happens: \_\_\_\_\_

Does your cat do any of the following (check all that apply)?  Bite his/her tail, rump, or other part of body  Suck/chew excessively on any fabrics/cloth, etc.  Excessively groom him/herself  Chase lights/shadows

If yes to any of the above, please describe them in detail:

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Has your cat had any laboratory tests in the last six months?  Yes  No

A veterinary history form will be sent to the veterinarian who referred you for additional medical information.

### The Home Environment

Please list all of the people (including yourself) living in your household:

Name	Sex	Age	Relation to you	Occupation
			yourself	

Please list all animals (including the patient) living in the household:

Name	Breed (or species if not a dog or cat)	Sex	Spayed/neutered?	Pet's age when obtained	Pet's age now
(patient)			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		

What type of home do you live in (e.g. apartment, detached condo, house)? \_\_\_\_\_

How many times have you moved since acquiring your cat? \_\_\_\_\_

Have there been any major changes in the household since acquiring the cat (new baby, change in someone's work schedule, divorce, etc.)?  Yes  No If yes, please describe:

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### Feeding schedule/ Daily Activities/ Routines

What do you feed your cat? (Please include brand name) \_\_\_\_\_

What type of food?  dry  canned  both

Feeding schedule:  Meals  Food is always/nearly always in the dish

If you feed meals, how many meals are fed a day? \_\_\_\_\_

How much food do you feed? (Please use standard measuring units (e.g. cups/cans)) \_\_\_\_\_

Who feeds the cat? \_\_\_\_\_

In what room is the cat fed? \_\_\_\_\_

List the different food treats that you normally keep on hand: \_\_\_\_\_

If your cat could pick his/her 3 favorite food rewards to eat, what would they be? (e.g. canned food, Pounce treats, cheese) \_\_\_\_\_

Other than food, what rewards (e.g. toy, getting attention, favorite game) does your cat like?

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Where does your cat sleep at night? \_\_\_\_\_

Where does your cat sleep/rest during the day? \_\_\_\_\_

What type of exercise/play does your cat get? \_\_\_\_\_

Who exercises/plays with cat? \_\_\_\_\_

Do you play with your cat using a laser pointer?  Yes  No

What toys does your cat have? (Please list as many as you can think of)

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Does your cat have a cat tree/climbing tower made for cats?  Yes  No

Does your cat go outside at all?  Yes  No

Describe how your cat is contained while outside: (check all that apply)

No containment: Cat is able to go where she/he pleases and can leave property

Tethered (e.g. cable or rope) unsupervised

Tethered supervised

Contained in the yard by a cat fence

Contained in the yard by a cat enclosure

Contained by another system (please describe): \_\_\_\_\_

If you have a cat that you wish to be indoors only, does she/he ever escape from the home?

Yes  No

If you do let your cat outside, how long does she/he spend outside each day?

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## Obedience Training/Corrections/Collars and Harnesses

Does your cat know any tricks?  Yes  No

If so, what trick(s) will she/he do on command? \_\_\_\_\_

Have you used any of the following for correction when your cat has been doing something bad?

Verbal reprimand:  Yes  No

Squirt with water:  Yes  No

Shaker can:  Yes  No

Time-out:  Yes  No

Physical reprimand:  Yes  No

Other:  Yes  No If yes, please describe correction: \_\_\_\_\_

Is any type of correction effective?  Yes  No If so, which? \_\_\_\_\_

Does any type of correction make the problem worse?  Yes  No If so, which?  
\_\_\_\_\_

Has your cat ever shown aggression in response to being corrected?  Yes  No If so, describe: \_\_\_\_\_

Has your cat ever worn a collar?  Yes  No

If so, what type(s) of collar? (Name all you have tried): \_\_\_\_\_

Is your cat comfortable wearing a harness?  Have never tried  Yes  No, doesn't/didn't like it

### Body Handling/ Reactivity

Please describe what your cat does in response to the following body handling/activities/situations:

(Do not attempt any activities now, especially if your cat has been aggressive toward you. Recall your cat's reaction in the past. Answer with "NA"- not applicable, if you haven't done a particular activity.)

Activity/Situation	NA	Response
Giving pills	<input type="checkbox"/>	
Giving liquid medication	<input type="checkbox"/>	
Lifting/carrying	<input type="checkbox"/>	
Brushing haircoat	<input type="checkbox"/>	
Brushing teeth	<input type="checkbox"/>	
Petting	<input type="checkbox"/>	
Being placed in a cat carrier	<input type="checkbox"/>	
Going for a car ride	<input type="checkbox"/>	
Veterinary visits	<input type="checkbox"/>	
Grooming visits	<input type="checkbox"/>	

Thunderstorms	<input type="checkbox"/>	
Fireworks	<input type="checkbox"/>	
When guests visit	<input type="checkbox"/>	
When cat sees another cat outside	<input type="checkbox"/>	

### Litterbox and Elimination Information

Does your cat eliminate outside (e.g. in the yard)?  Yes  No

If yes, what percentage of stools are outside? \_\_\_\_\_ What percentage of urine is outside? \_\_\_\_\_

Does your cat use the litterbox 100% of the time for both urine and stool?  Yes  No

If you answered no and your cat is strictly indoors, which type of elimination happens out of the litterbox?  Urine  Stool (check both boxes if both urine and stool are found in places other than the litterbox)

How many times per day does your cat urinate? \_\_\_\_\_ How many bowel movements does your cat have per day? \_\_\_\_\_

Does your cat dig/cover the urine or stool after eliminating?  Yes  No

Have you ever observed your cat while she/he has been in the litterbox?  Yes  No

### Litterbox locations, type of litter, cleaning, etc:

How many stories is your home (do not include the basement): \_\_\_\_\_

Does your home have a basement?  Yes  No

Provide information about each litterbox:

Which room is litterbox in?	Size of litterbox (dimensions in inches)	Is litterbox covered (hooded) or uncovered?	Brand of litter in this litterbox (e.g. Tidy Cat)
1.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	
2.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	
3.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	
4.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	
5.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	
6.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	
7.		<input type="checkbox"/> Uncovered <input type="checkbox"/> Covered	

How deep is the litter in litterbox(es)? \_\_\_\_\_ inches

How old is the oldest litterbox? \_\_\_\_\_ years

What type of litter do you use?  Scoopable/clumping  Clay/non-clumping

How often do you scoop the litterbox(es)?  Twice a day  Once a day  Every other day

Twice a week  Once a week  Less often than once a week  Boxes are not scooped

How often do you empty the used litter out of the litterbox(es) and wash the litterbox(es)?

\_\_\_\_\_

What soap/cleaner do you use to wash the litterbox(es)? \_\_\_\_\_

**If your cat has an elimination problem, please download and complete a feline elimination form as well (found on the [greatlakesvetbehavior.com](http://greatlakesvetbehavior.com) website). If an elimination problem is the only problem, there is no need to fill out the sections labeled "Primary Problem" and "Additional Problem (Problem #2)"**

### Primary Problem

What is the main behavior problem? (e.g. aggression toward family members, aggression toward other cat in home, repetitive behaviors, fears, etc.)

\_\_\_\_\_

How severe is this problem?  Mild  Moderate  Severe

Have you thought about euthanizing or removing your cat from your home because of this behavior problem?  Yes  No

If the problem is aggression, who is it directed toward?  Another cat  A person

What is the severity of the wounds that have occurred during aggression?

Scratches

Bite wound(s) that did not break skin

Bite wound(s) that broke skin

Bite wounds or scratches that were severe enough to require a visit to a medical professional

When did the problem start (how old was the cat)? \_\_\_\_\_

What do you think caused the problem?

\_\_\_\_\_

When did the problem become a concern? \_\_\_\_\_

How often does the problem occur?  Multiple times a day  Daily  Weekly  Monthly

A few times a year  Other (please explain): \_\_\_\_\_

How reliably does the problem occur when your cat is in a situation where it could occur?

Rarely  Sometimes  Often  Always

**This next section is the most important section to complete as specifically as you can:**

Describe the 3 most recent situations where the main behavior problem listed above has happened. Include the date that it occurred for each entry. Be as specific as you can. Give me a "play by play" account of each incident so I can visualize exactly what happened. Do not try to evaluate why a behavior happened, just describe your cat's behaviors/actions.

1. Give a PLAY BY PLAY DESCRIPTION of the most recent incident (please include **date**):

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2. Give a PLAY BY PLAY DESCRIPTION of the second most recent incident (please include **date**):

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3. Give a PLAY BY PLAY DESCRIPTION of the third most recent incident (please include **date**):

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4. Describe the first incident of the main behavior problem that you can remember (with approximate date):

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Do there seem to be any triggers for this behavior?  Yes  No

If yes, what is/are the trigger(s)? \_\_\_\_\_

Has the problem changed in how often it occurs?  Yes  No

If yes, please describe the change: \_\_\_\_\_

Has the problem changed in severity (more or less severe)?  Yes  No

If yes, please describe the change: \_\_\_\_\_

Were there any changes in your cat's home life or health when the problem started?  Yes  No

No

If yes, please describe: \_\_\_\_\_

What has been done so far to try to fix the problem?

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Please describe any techniques that have improved the situation:

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Please describe any techniques that have made the problem worse:

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Has any medication been tried to treat the problem?  Yes  No

If yes, name the medication: \_\_\_\_\_

What was the dose, frequency of administration, date when medication was started, date when medication was stopped:

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What was the cat's response to medication: \_\_\_\_\_

If the medication was stopped, please explain why: \_\_\_\_\_

Have any herbal remedies, supplements, or devices been tried?  Yes  No

If yes, please describe: \_\_\_\_\_

### Additional Problem (Problem #2)

If there is an additional behavior problem, please list it here:

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How severe is this problem?  Mild  Moderate  Severe

Have you thought about removing your cat from your home because of this behavior problem?

Yes  No

If the problem is aggression, who is it directed toward?  Another cat  A person

What is the severity of the wounds that have occurred during aggression?

Scratches

Bite wound(s) that did not break skin

Bite wound(s) that broke skin

Bite wounds/scratches that were severe enough to require a visit to a medical

professional

When did the problem start (how old was the cat)? \_\_\_\_\_

What do you think caused the problem? \_\_\_\_\_

When did the problem become a concern? \_\_\_\_\_

How often does the problem occur?  Multiple times a day  Daily  Weekly  Monthly

A few times a year  Other (please explain): \_\_\_\_\_

How reliably does the problem occur when your cat is in a situation where it could occur?

Rarely  Sometimes  Often  Always

**This next section is the most important section to complete as specifically as you can:**

Describe the 3 most recent situations where the additional behavior problem listed above has happened. Include the date that it occurred for each entry. Be as specific as you can. Give me a "play by play" account of each incident so I can visualize exactly what happened. Do not try to evaluate why a behavior happened, just describe your cat's behaviors/actions.

1. Describe the most recent incident (please include **date**):

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2. Describe the second most recent incident (please include **date**):

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3. Describe the third most recent incident (please include **date**):

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4. Describe the first incident of this behavior problem that you can remember (with approximate date):

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Do there seem to be any triggers for this behavior?  Yes  No

If yes, what is/are the trigger(s)? \_\_\_\_\_

Has the problem changed in how often it occurs?  Yes  No

If yes, please describe the change: \_\_\_\_\_

Has the problem changed in severity (more or less severe)?  Yes  No

If yes, please describe the change: \_\_\_\_\_

Were there any changes in your cat's home life or health when problem started?  Yes  No

If yes, please describe: \_\_\_\_\_

What has been done so far to try to fix the problem?

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Please describe any techniques that have improved the situation:

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Please describe any techniques that have made the problem worse:

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Has any medication been tried to treat the problem?  Yes  No

If yes, name the medication: \_\_\_\_\_

What was the dose, frequency of administration, date when medication was started, date when medication was stopped?

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What was the cat's response to the medication: \_\_\_\_\_

If the medication was stopped, please explain why: \_\_\_\_\_

Have any herbal remedies, supplements, or devices been tried?  Yes  No

If yes, please describe: \_\_\_\_\_

**Other Concerns/Comments**

Please feel free to use this space to discuss anything that hasn't already been covered completely in another section:

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Please list your primary goal(s) in relation to your cat's behavior:

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**Please keep/make a copy of your completed questionnaire and keep for your records. This way you will have a backup copy, if needed.**

Adapted from Landsberg, G., Hunthausen, W., Ackerman, L. Handbook of Behavior Problems of the Dog and Cat 2nd ed. Saunders, Edinburgh, copyright 2003

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