

Dr. Jeff Smith
Dr. Katie Rohrig

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Mount Hermon Animal Clinic
3620 Franklin Turnpike
Danville, Va 24540
Fax: (434)836-0487
jeffvetsmith@gmail.com

Cat Behavior Questionnaire

Please answer the following questions as completely as possible (use the margins and the back of the pages if needed) and return the completed form by mail or fax 48 hours before your scheduled appointment. Please also bring a video of your cat with you to the appointment. The video should be "a day in the life" including where he eats, sleeps, plays, interactions with people and other pets. Please do not put your cat in a dangerous or stressful situation just for the video.

The complete questionnaire and videos helps us to assess the environment, social interactions, and behavior of your cat(s), and leads to possible cause(s), prognosis, and treatments. The more thorough you can be, the more it will help your cat. Please fill out a separate form for each cat that has a problem. Please have all members of your household attend the initial consultation appointment if possible.

General Information

Your name _____ Address _____
City/State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email _____

Pet's Name _____ Sex _____
Neutered or Spayed Yes No

Breed (as specific as possible) _____

Age _____ Weight _____

How did you hear about us?

Who referred you? _____

Would you like a post consultation summary mailed to your veterinarian? Yes No

Who is your regular veterinarian?

Dr: _____ Clinic: _____

Address: _____ Phone: _____

Fax: _____ Email: _____

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Cat's Background

Where did you get this cat?

Why did you decide to get a cat?

How old was this cat when you got him?

How long have you had this cat?

If known: How many litter mates? Males _____ Females _____

How many animals did you have to choose from?

Why did you choose this cat over the others?

Describe your cat's behavior as a kitten:

Do you have any news about littermate behavior? If so, please describe:

Did you meet your cat's parents? If so, please describe their behavior:

Mother:

Father:

Has this cat had other owners? If so, how many?

Why was the cat given up?

Have you owned cats before?

Have you owned other pets before?

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What happened to your last cat?

Medical History

At what age was your cat spayed or neutered?

Were there any behavior changes after the surgery? If so, please describe:

Has your cat ever been bred? Yes No

Are you planning to breed? Yes No Unsure

If you have an intact female, when was her last heat?

Please list all medications that your cat is on including dose and frequency :
(Be sure to include flea control products and heart worm prevention)

Is your cat on any medications **now**? If so, please list:

Does your cat have any current or recurring medical problems? (Please Describe)

What response have you seen to any behavioral medications?

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Diet and Feeding

Who feeds the cat?

Where do you feed the cat?

What do you feed the cat?(Please be specific)

Please list how much is fed at each meal:

AM _____ Lunch _____ PM _____

Does your cat eat all his food at once?

How long do you leave it down?

Where is the cat when **you** eat?

What is your cat's favorite treat?

Which types of human food does your cat like the best?

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Home Environment

Please list all the people living in your house, including yourself:

Name	Occupation	Hours away from home	Age	Attachment to cat (1-10)
1.				
2.				
3.				
4.				
5.				

Please list all the animals that live in the house (including the one you are bringing for consultation)

Name	Species	Breed	Spayed/Neutered	Age Obtained	Age Now
•					
•					
•					
•					
•					
•					
•					
•					
•					

In what sequence were the above animals obtained?(please number animals above)

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Daily Schedule

Do you play with your cat? Yes No How do you play with him?

What are his favorite toys?

What other toys do you have for him?

Average total active time each day : 15 min 30 min 1hour more than 1 hour

What percentage of time does your cat spend indoors and outdoors?

% indoors _____ % outdoors _____

Where does your cat sleep at night? (please be specific) _____

How does your cat signal that it wants to go outside?

How does your cat behave when you leave the house?

How does he behave when you return?

If left alone, where will the cat be?

Where does your cat sleep at night? (be specific)

Why?

How does the cat behave with familiar visitors?

How does the cat behave with unfamiliar visitors?

How does the cat behave with the veterinarian?

When does your cat "Meow"?

When does your cat hiss/growl?

How does your cat behave when he sees other cats through the window or in the yard?

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Please describe a typical day in your cat's life: (eg. time he gets up, when he eats, sleeps, plays)

Midnight

1am

2am

3am

4am

5am

6am

7am

8am

9am

10am

11am

12am

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

Elimination Behavior

Does your dog cat use a litter pan? Yes No

If yes, does he Urinate Defecate Both

How many litter pans do you have?

Where do you keep them? (Please be specific)

Do you use a liner? Yes No

If yes, what type of liner?

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What type of litter do you use?

Have you recently changed brands of litter?

Why?

What type of litter did you use before?

Please make a list of each litter pan type(plastic, covered...), specific location and litter used:

Litter box type	Size	Location	Litter type
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How often do you clean the litter pans?

How do you clean the litter pans?

Please describe your cat's behavior before after and during use of the litter box: (A video would be even better)

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Social Behavior

How would you describe your relationship with your cat?

Has your cat had any training?

What commands will your cat respond to?

Does your cat know any tricks?

Does your cat have a scratching pole or favorite scratching area? (Please Describe)

Does your cat lick you? Yes No

Does your cat lick, groom, bite himself excessively? Yes No

Does your cat's skin ripple? Yes No

Does your cat mount people? Yes No
If yes, whom does he mount?

Does your cat mount other cats? Yes No

Does your cat mount other animals or objects? Yes No
If yes, please describe:

What is your cat's activity level in general?

Low Average High Excessive

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Presenting Problem

What brings you to us today?

What is the main behavior problem or complaint?

1.

Does your cat have any other problem behaviors? (please list)

2.

3.

4.

5.

Why are these behaviors a problem?

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How frequently does the problem(s) occur? (How many times daily, weekly, or monthly?)

Problem 1

Problem 2

Problem 3

Problem 4

Problem 5

Please describe when the problem started and how it developed over time.

When did you first notice it?

When did it become a serious concern? and Why is it of concern?

In what situations does the problem occur?

Has the problem changed in frequency? (please describe)

Has the problem changed in intensity? (please describe)

Has this problem changed in any other ways?

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Did the secondary problem develop at the same time?

To help us better understand your cat's problem, please describe what occurs when the episodes happen. Try to include as much detail as possible. (ie. where it took place, time of day, who was present, what happened in detail ...)

The most recent incident: Date:

The second to last incident: Date:

The time before that: Date:

The first time it happened: Date:

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Any other significant incidents: Date:

What have you done to try to correct the problem so far?

What has been the most successful of these measures?

What are your goals for treatment? (What is your dream goal? and What is your realistic goal?)

Which of these statements describes your feelings about this problem?

1. I am here only out of curiosity - the problem is not serious
2. I would like to change the problem, but it is not serious
3. The problem is serious and I would like to change it, but if it remains unchanged that is alright
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.
5. The problem is very serious and I would like to change it. If it remains unchanged, I will have my cat euthanized or have to give him/her up.

Please list any other important information or comments on the back of this page.