**Cat Questionnaire**

Name:

Address: Phone number:

Email:

Pet’s name: Date of birth: Sex:

Spayed/ Neutered: Y / N – at what age? Declawed: Y / N – at what age?

Age obtained:

Are vaccines current? Y / N

Date of last physical exam:

Behavior of littermates and/or parents (if known):

Describe your cat’s personality (bold, friendly, active, playfull, nervous, aloof, independent, fearful, etc):

**Environment/ Lifestyle**

Why did you want your cat?

What kind of food do you feed your cat? How often?

Do you give your cat catnip? Y/ N what’s his reaction?

Does your cat hunt? Y / N What does she hunt?

What does your cat do with the prey?

Favorite self- play toys/ games:

Is there a cat tree in your home? Y / N Where?

Is your cat active at night? Y / N

List games and toys your cat like to play with someone:

Who plays with your cat? How long and how often do you play with your cat?

How many hours a day is your cat home alone?

Is your cat allowed outside? Y / N - If yes, how long and how often?

Sleeping patterns: Describe where cat sleeps at each of the following times.

1. Daytime- while your home-
2. Daytime- when owners are home-
3. Night time-
4. When guests visit-

How does your cat react to the following?

1. Unusual sounds-
2. New (non-family) pets-
3. Car rides-
4. Strangers in the home-
5. Introducing new pets-
6. Going to the vet-

What does your cat view as treats?

**FAMILY RELATIONSHIPS**

List each family member (include sex and age):

How does your cat get along with each member?

Who feeds?

Who grooms?

Who plays with?

Who gives treats?

Who pets?

List any family pets (include breeds and age if able):

How does your cat get along with each pet?

**TRAINING**

Does your cat know any commands or tricks (please list)?

Has your cat ever worn a harness? Y / N -What does he do?

**HANDLING**

How does your cat react to the following?

1. Nail trimming-
2. Giving medications-
3. Patting, stroking or petting-
4. Grooming/brushing-
5. Lifting/going into carrier-
6. Bathing-

How does your cat react to the following?

1. Being sprayed with water-
2. Physical punishment-
3. Verbal punishment-
4. Noise-

Are any of the above effective and if yes, what one?

**GROOMING/ SCRATCHING**

Does your cat groom himself? Y / N- Does it seem to be excessive or normal?

Does your cat lick or groom people in your home or other pets? Y/ N- who?

Does your pet lick objects? What objects?

Are there any situations or times of the year that cause increase grooming? Y/N- If yes, when?

Does your cat have a scratching post? Y / N – If yes, what kind (does it hang on a door, a 4 foot one, one that lays on the floor, etc.)

Does your cat use a scratching post? Y / N

Does your cat scratch on other surfaces in your home? Y / N- If yes, on what and where?

Does your cat’s scratching behavior increase at certain times of the day or year? Y/ N – If yes, when?

Does your cat kneed? Y / N – If yes, on who or what?

When your cat is most likely to kneed?

Do you feel that your cat kneeds, grooms or scratches excessively? Y / N

**FILL OUT LITTERBOX HANDOUT**

Where is your cat’s favorite elimination site?

Does your cat dig or burry after eliminating? Y / N

Does your cat urinate or defecate in the home? Y / N- If yes, which one?

Please draw a diagram of your home. Include rooms, and use the key to label where the following resources are.

1. Feeding locations= F 2. Scratching post= SP

3. Sleeping spot= SS 4. Site of inappropriate scratching= D

5. Site of inappropriate elimination (urine) = U

6. Site of inappropriate elimination (bowel) = B

Does your cat eliminate inappropriately more at a certain time of day, week, or situation?

Does your cat urinate on HORIZONTAL, UPRIGHT or both surfaces? (Circle what applies).

How often does your cat urinate outside the box? (Circle one)

1. Few times a month b.) Few times a week c.)Daily d.) multiple times a day

How often does your cat defecate outside the box? (Circle one)

1. Few times a month b.) Few times a week c.)Daily d.) multiple times a day

Can you think of any pattern?

When did the behavior start? How old was your pet?

Describe the first incident.

Were there any incidents associated with the box when the behavior started (change in litter, the litterbox, location, etc.)?

What has been done to change the behavior so far?

What was your cat’s response to the attempts?

List any techniques that have been helpful.

Is there a particular type of litter or surface your cat seems to prefer?

Have you tried other types of litter? Y / N – If yes, what kinds and what was the response?

Is there a particular kind of box your cat prefers? Y / N – Describe the type of boxes you have tried and what the reaction was. What kind of box do you currently have?

Have you tried other locations for your cat’s litterbox? Y / N – If yes, describe the locations and your cat’s response.

Do changes dramatically affect your cat (moving furniture, moving, vacations, etc.)? Y / N

Describe:

Does your cat seem in pain when they urinate or defecate? Y / N

Is there any blood seen in the stools or urine? Y / N

IS the stool consistency normal? Y / N – Describe (soft, hard, etc.)

**PRINCIPAL CONCERN**

What is your primary problem (aggressive, destruction, housesoiling, etc.)

How would you describe the severity of the problem? MIild Moderate Severe (circle one)

Have you considered euthanasia? Y / N

Have you considered rehoming? Y / N

What age was your cat when the problem started?

How long ago did the problem start?

Describe the problem. Describe the first incident and what you think may have caused it.

How often does the problem occur?

Has there been a change in frequency or severity? Y / N – Describe

What has been done to correct the problem and what was your cat’s reaction?

List any techniques that have been helpful.

Is your cat aggressive towards family members? Y / N – Describe

Is your cat aggressive towards others pets? Y / N – Describe

What do you do when your cat displays aggression?

Is your cat fearful? Y / N (Circle one) Mild Moderate Severe

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

Describe your cat’s reaction when he is scared (retreat, freeze, aggressive, etc.)

**ADDITIONALS**

Destructive chewing/eating plants: Y / N

Scratches people: Y / N- Who and when?

Chews/ sucks on non-food items: Y / N- What items?

Vocalizing/ Howling: Y / N – when?

Climbing: Y / N – on what?

Does he steel food? Y / N

Does he roam? Y / N

Any additional information or concerns?