

Feline Behaviour Questionnaire

LANGFORD ANIMAL BEHAVIOUR CLINIC

The questionnaire may seem rather detailed, but as I am sure you can appreciate, the development of behaviour problems can be extremely complex, and a lot of information is sometimes required in order to make an accurate diagnosis. Obviously, not every aspect of the questionnaire will be relevant to your pet's problem, so do not worry about leaving blank those sections that are not applicable to your situation.

General Information

Date:
Name:
Address:

Home phone number:
Cell phone number:
Email:

Veterinarian's Name:
Veterinary Clinic:
Clinic's phone:
Clinic's email:

Pet Information

Pet's Name:
Date of birth or estimated age:
Breed:
Colour:
Sex: Neutered? At what age neutered?
Age at adoption:
Adopted from:

Home environment

(This section provides general information on your cat's environment and routine)

Please list all family members, including age, their level of interaction with your cat, and how your cat responds to each one:

Please list all pets at home, their species and breeds, and how your cat interacts with them:
(If your cat has a problem with one of your other pets, please describe it below in main problem section.)

Please describe when your cat stays home alone, how long, and where:

Briefly describe where your cat sleeps (both during the day and at night):

Briefly describe your cat's feeding routine including location, times, appetite, and type of bowl:

Do you use treats or feeding toys (e.g., Kitty Kong toys, Cat Activity Fun Board, or balls)?
If yes, briefly describe when, and your cat's favourite treats:

Is your cat fully house trained?

If no, please describe where your cat is soiling, and specify if it is urine, stools, or both. Please provide a diagram of your home and mark the locations of the litter box(es), and soiling. Use L for litter box, U for urine outside the box, and S for stools outside the box. Provide more details in the Behaviour Problem section below:

Where is/are your cat litter box/es?

Does your cat use scratching posts?

If yes, please describe where and type of post(s):

Do you limit your cat from certain areas in the house?

If yes, please describe where and why:

Interactions:

Please describe your cat's daily activities including play, grooming, and sleep:

Please describe your cat's favourite play, game or toy:

Can you safely handle your cat (e.g., brush, pet, and administer medication)?
If no, please give more details in the Behaviour Problem section below.

Do you train your cat?
If yes, please briefly describe:

Please list the commands your cat knows, and the degree of responsiveness (e.g., responds sometimes, only with treats, or always):

Your cat's health:

Does your cat have any current medical problems to your knowledge?

Do you know of any previous medical problems?

Is he/she on any current medication, herbal or homeopathic remedies?

Your cat's main behaviour problem(s):

(If your cat has more than one problem, please list them all separately from the most to least concerning to you)

Please describe the problem(s):

When did this behaviour first start? If possible, describe the first incident.

Can you describe the last incident, and when did it occur?

When does the behaviour usually occur? Is it in any particular circumstances?

Describe where the behaviour occurs? Is it always in the same place?

Do you think it is becoming more frequent, less frequent, or staying about the same?

On average, how frequently does the problem occur?

Who is usually present at the time?

If your pet is an intact female, is the behaviour related to her seasons?

Do any related cats (e.g., parents or siblings) have similar problems?

Have there been previous attempts to manage this problem?

If yes, please describe, including training, tools, medication, or other options:

Has any treatment method improved or aggravated the situation?

Have you considered removing your cat from the home if the problem cannot be improved?

Reactivity:

(Please describe briefly how your cat reacts to each of the following situations. Please leave blank if you answered it above.)

Familiar people (including children) arriving at the home:

Unfamiliar people (including children) arriving at the home:

Car rides:

Loud noises (e.g., thunder, fireworks, vacuum cleaner, or other sudden loud sounds):

New environments / locations:

Changes in routine:

Being left alone at home:

During veterinary visits?

How long it takes your cat to settle down once he/she reacted to any of the above situations?

Abnormal and repetitive behaviours:

(These are behaviours that your cat may display in a repetitive manner and out of context. Specific behaviours may appear normal; however, it is important to consider the duration, frequency, and intensity of the behaviour.)

Does your cat spin, circle, or chases its tail?

Does your cat lick excessively? (e.g., itself, you, surfaces or objects)

Do you see frequent lip licking, yawning, head and body shakes, stretching, or tail flicking?

Does your cat follow you around the house constantly?

Does your cat spend long periods of time observing the street from the windows?

Do you notice any hallucinatory behaviours? (e.g., snapping at imaginary flies, shadow chasing, stargazing, chasing lights / reflections, or digging at reflections / shadows)

Does your cat show skin rolling or rippling along the back?

Lastly:

What are your long-term expectations with regards to your cat's behaviour?



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