

Behavior Questionnaire (Cat)

Last Name:	Client #	Name of Pet:
Breed	Neutered? Y or N	Age at neutering
Current age Ag	e obtained Where ol	btained (pet store, shelter, etc)
Please list all animals	in the household and th	eir ages:
Please list all househo	old members and their ag	ges
Is your cat: indoors o	nly or indoors/outdoors	or outdoors only?
Is your cat declawed?	Y or N	
What do you feed you	ır cat?	_ How often?
How many food bowl	s are there? H	Iow many litter boxes are there?
What type of litter be	oxes (covered, open, auto	omatic)
Where are the litter b	ooxes located?	
What type of litter do	you use?	
How often do you cle	an the litter boxes?	
•	ate outside of the litter b	ox? Y or N Urination or defecation?
Are there any stray c	ats around your home?	Y or N
What types of toys do	oes your cat have?	
Is your cat active?		

Does your cat have a scratching post? Y or N
What type?
How does your cat act around visitors?
Is your cat aggressive towards other animals or people?
Where does your cat sleep?
Does your cat play with your hands or feet (swatting or biting at toes, fingers, etc)?
Does your cat groom excessively?
Does your cat have any medical problems?
Does your cat have a hiding place? Y or N Where?
Does your cat hide a lot? Y or N How much of the day is spent hiding?
Are there loud noises in or around your home?
If you have multiple cats, does one stare at the other a lot?
Do your cats fight at all? Y or N When do they fight?
What are the behavioral issues with your cat? Please indicate which issues are serious, very serious, or not serious and when they started.
What have you done to correct the issues thus far?