

# BETHEL VETERINARY HOSPITAL

## *Behavior Questionnaire (Cat)*

Last Name: \_\_\_\_\_ Name of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered? Yes  No  Age at neutering \_\_\_\_\_

Current age \_\_\_\_\_ Age obtained \_\_\_\_\_ Where obtained (pet store, shelter, etc.) \_\_\_\_\_

Please list all animals in the household and their ages: \_\_\_\_\_

\_\_\_\_\_

Please list all household members, gender and their ages: \_\_\_\_\_

\_\_\_\_\_

Is your cat: indoors only  indoors/outdoors  outdoors only

Is your cat declawed? Yes  No

What do you feed your cat? \_\_\_\_\_ How often? \_\_\_\_\_

How many food bowls are there? \_\_\_\_\_

Any changes in eating habits? Yes  No  If yes, explain \_\_\_\_\_

How many litter boxes are there? \_\_\_\_\_ What type of litter do you use? \_\_\_\_\_

What type of litter boxes Covered  Open  Automatic

Where are the litter boxes located? \_\_\_\_\_

How often do you clean the litter boxes? \_\_\_\_\_

Does your cat eliminate outside of the litter box? Yes  No  urination  or defecation

Where? \_\_\_\_\_

Are there any stray cats around your home? Yes  No

What types of toys does your cat have? \_\_\_\_\_

\_\_\_\_\_

Is your cat active? \_\_\_\_\_

Does your cat have a scratching post? Yes  No

What type? \_\_\_\_\_

Have there been any recent changes in the home environment? \_\_\_\_\_

Do you anticipate any future changes in the home? \_\_\_\_\_

Has your cat caused any destruction to your home that you view as abnormal? Yes  No

How does your cat act around visitors? \_\_\_\_\_

Is your cat aggressive towards other animals or people? Yes  No

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

Any changes to your cat's sleeping habits? Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Does your cat play with your hands or feet (swatting or biting at toes, fingers, etc.)? Yes  No

Does your cat exhibit aggressive behavior that you consider abnormal and/or is affecting your relationship with your pet? Yes  No

Does your cat groom excessively? Yes  No

Does your cat have any medical problems? Yes  No  If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Does your cat have a hiding place? Yes  No  Where? \_\_\_\_\_

Does your cat hide a lot? Yes  No  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? Yes  No

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? \_\_\_\_\_

\_\_\_\_\_