



# CARY GROVE ANIMAL HOSPITAL

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## BEHAVIOR QUESTIONNAIRE FOR CATS

*Please complete this form and return it by email, mail, or in person at least  
THREE TO SEVEN DAYS before your appointment.*

Date/Time of appointment:

**Patient Info:**

Pet's name:  
Age:  
Sex:

Breed:  
Date of birth:  
Neutered/Spayed? Y / N

**Owner Info:**

Last name:  
Street address:  
City, State, ZIP:  
Preferred phone:  
Email:

First name:  
  
Secondary phone:

**Who is your regular veterinarian?**

Dr.  
Clinic Name:  
Street address:  
City, State, ZIP:  
Phone:  
Fax:  
Email:

Please have your pet's veterinary records emailed or faxed to the numbers above for Cary Grove Animal Hospital

Who referred you to us?

**RABIES VACCINATION STATUS**

Date of last Rabies vaccination: \_\_\_\_\_  1 year  3 year

## MEDICAL HISTORY

1. At what age was your cat neutered/spayed (if applicable)?

Reason:

2. If your cat is not neutered has he/she ever been bred or are you planning to breed your cat?  Yes  No  Unsure

3. List any major illness/surgeries (dates):

4. Is your cat declawed?  Yes  No

If so, which feet?  Front  Back  All four

Age when declawed:

5. Has your pet been on any behavioral medications in the past?  Yes  No

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Treatment	Outcome

List ALL medications/treatments your cat is currently receiving, including flea preventative, dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date medication started	Outcome/effects/changes seen (if applicable)

## DIET AND FEEDING

1. Who feeds your cat?

2. What do you feed your cat? (Please be specific, i.e. brand name, canned vs. dry)

3. How many meals and how much is your cat fed each day or is he/she fed free choice?

4. Where is your cat's food bowl?

5. If other animals eat at the same time, describe the arrangement (e.g. same room, separate rooms, etc.)

6. Does your cat have a good appetite?  Yes  No

Explain:

7. What is your cat's favorite treat or human food (i.e. Pounce treats, tuna)?

## HOME ENVIRONMENT

Please list the people, including yourself, living in your household:

Name	Age	Sex	Relationship (i.e. self, spouse)	Quality of relationship with patient

Please list other people in regular contact with pet:

Name	Age	Sex	Relationship (i.e. pet sitter, friend, grandchild)	Quality of relationship with patient

Please list all the animals in the household (including the patient) in the order they were obtained:

Name	Species	Breed	Sex/ Neuter	Age Obtained	Age Now	Quality of relationship with patient

1. What type of area do you live in (Urban, suburban, etc.)?

2. What type of home do you live in (studio, apartment, house)?

3. Has your household changed since acquiring your cat (e.g. moves, illness/death of pets/people, added new people/pets to the household, etc.)?  Yes  No If so, how?

**PRIMARY BEHAVIOR PROBLEM:**

What is the main behavior problem you wish to address at this appointment?

How have the problems progressed over time? For example, “the cat occasionally urinated on carpet at 2 years of age, but stopped using the box entirely a year later.”

Has the frequency or the intensity of the occurrence of the behavior changed since the problem started?  Yes  No  
If so, how and when?

List the other problem behaviors in order of importance to you. Due to the intense focus on your cat’s main problem, there may be limited opportunity to address these at the initial consultation.

How do you react when your cat shows problem behaviors?

How does your pet respond to your reaction?

Describe **the very first** incident of the primary behavior problem, even if it wasn’t as serious as it is now. Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone reacted.

Approximate date of event: \_\_\_\_\_

Cat’s approximate age at time of event: \_\_\_\_\_

Describe, as above, the most recent incident:

Approximate date of event: \_\_\_\_\_

Cat's approximate age at time of event: \_\_\_\_\_

Describe, as above, another incident that illustrates the problem behavior:

Approximate date of event: \_\_\_\_\_

Cat's approximate age at time of event: \_\_\_\_\_

### **EXPECTATIONS:**

What would you like to see as an outcome from your behavioral consult?

### **BACKGROUND INFORMATION**

1. How long have you had your cat?
2. How old was your cat when you first acquired him/her?
3. Where did you get your cat?
4. Has this cat had other owners?  Yes  No If yes, how many?  
Why was the cat given up by the previous owners?
5. Have you owned cats before?  Yes  No
6. Why did you acquire this cat?
7. Did you meet this cat's parents or littermates?  Yes  No
8. Do you know if the parents or littermates engaged in similar behaviors?  
 Yes, they did/do  No, they don't/haven't  Don't know  
If so, what behaviors were exhibited by whom?

9. How does your cat react to strangers?

10. How does your pet behave in veterinary offices and while being examined?

11. What is your cat's response to cats or other small animals outside your household?

### DAILY SCHEDULE

1. Is your cat:

- Indoors only                       Outdoors only
- Primarily indoors: on average, per day, spends how many hours outside:
- Primarily outdoors: on average, per day, spends how many hours inside:
- Other, please explain:

2. Does your cat have access to the outside through a cat door?     Yes     No

3. If kept indoors, is your cat restricted to a specific area or room in the house?     Yes     No

Describe:

4. How many times do you play with toys or play games with the cat, daily (on average)?

5. How long does each play session last, on average (in minutes)?

6. Where does your pet sleep?

7. Is your cat very active at night?     Yes     No

Describe:

### FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

Circumstance	Hides	Escapes	Urines	Defecates	Dilates pupils	Hisses	Vocalizes	Puffs up (fur/tail)	Other
Cat is home with family									
Visitor enters home									
Visitor approaches / interacts with cat									
Cat is home with family but separated from family members									
Cat is home alone									
Another household cat approaches									
Household dog approaches									
At veterinary office									
At groomer's									
New object in home									
Unfamiliar animal approaches									
Loud noises									
Owner is cleaning/renovating									

Please list any specific stimuli (i.e., men, umbrellas, traffic noises) your cat seems to be afraid of:

## AGGRESSION SCREEN FOR CATS

The following chart provides information about aggression, its intensity, and in what situations it is elicited. **For each situation listed, check your cat's worst reaction in the past.** These questions refer to situations in the past. Please do not do these things to determine your cat's reaction. If he or she has never been in a particular situation, please check "situation does not apply".

Circumstance	No aggression	Growls, swats, shows other aggressive behavior without biting	Bites (makes contact)	Situation does not apply
<b>General Interactions</b>				
Family member stares at cat				
Family member reaches toward or bends over cat				
Family member pets cat				
Family member hugs/kisses cat				
Family member lifts cat				
Family member approaches cat while resting				
Family member pushes/pulls cat (e.g., off furniture)				
Family member enters or leaves room cat is in				
Family member approaches/disturbs cat while eating				
<b>Grooming</b>				
Cat's ears or eyes are cleaned or treated				
Cat's nails are trimmed				
Cat is brushed/combed				
<b>Interactions with other household pets</b>				
Dog approaches cat while eating				
Another cat approaches cat while eating				
Cat encounters other cat near the litter box				
Another cat approaches/disturbs cat while resting				
Dog approaches/disturbs cat while resting				
Cat approaches another household cat who is resting				
Cat approaches another household cat who is eating				
<b>Veterinary visits</b>				
Cat is in the waiting room				
Veterinarian/staff member handles/examines cat				
Cat is removed from or put back in carrier				
<b>Punishment</b>				
Cat is verbally scolded or yelled at				
Cat is physically punished (hit)				
<b>Response to strangers</b>				
Unfamiliar person (adult) approaches cat				
Unfamiliar person (adult) speaks to/pets cat				
Unfamiliar child approaches or interacts with cat				
Response to infants or toddlers				
Unfamiliar person approaches/passes window while cat is indoors				
<b>Response to unfamiliar animals</b>				
Unfamiliar cat approaches/passes window while cat is indoors				
Unfamiliar cat approaches/interacts with cat outside				
Unfamiliar dog approaches/passes window while cat is indoors				

## ELIMINATION BEHAVIOR

1. How many litter boxes do you have?  0  1  2  3  4  5  6  Other:

2. Please describe the litter boxes by answering all that apply per box:

	Location in house	Type of litter (see list below) scented or unscented	Open or covered	Lid with / without door	Large or small	Deep or shallow	Liner (scented / unscented) or no liner
Box 1							
Box 2							
Box 3							
Box 4							
Box 5							
Box 6							

Litter Type examples:

Plain clay

Clumping / scoopable

Playground sand

Sawdust / woodchips

Newspaper - pelleted

Shredded paper

Paper towels

Potting soil

Pine shavings

Wheat

Deodorized

Disposable cardboard tray

None (empty box)

Anything on sale

Other:

4. How frequently is the urine or feces scooped?

5. How frequently is the litter entirely changed?

6. How frequently is the litter box washed and the contents replaced:

7. Are deodorants such as bleach or Lysol used in the cleaning process?  Yes  No

8. Will the cat immediately use a freshly cleaned litter box?  Yes  No  Unsure

9. Will the cat eliminate in the presence of other animals or people?  Yes  No  Unsure

10. Does the cat ever vocalize while it eliminates?  Yes  No  Unsure

11. Does the cat ever run out of the box after eliminating?  Yes  No  Unsure

12. Does your cat ever eliminate outside the box, in the house?  Yes  No

If so, does he or she:  Urinate  Defecate  Both

How do you clean up afterwards? (include product(s) used)

13. Describe, in detail, how your cat uses the litter box. For example, does he or she scratch in the litter before eliminating? Cover up feces? Scratch outside the box?



## **BITE HISTORY**

1. If your cat has ever bitten anyone, please list the total number of bites:
2. Please list the number of bites that broke skin:
3. Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.):
4. Was there legal action taken against you as a result of the bite(s)?  
 Yes    No
5. Have you considered finding another home for this cat?                       Yes    No
6. Have you considered euthanasia (putting your cat to sleep)?                       Yes    No
7. Has someone recommended euthanasia before your visit here?                       Yes    No
8. Why have you kept the cat despite its behavior problem?

Anything else you would like to add about your pet's behavior?

If you think a map or drawing of your house and/or yard would be helpful, please feel free to include one.