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Feline Behavior Assessment Questionnaire

General Information

Doctor _____

Name _____

Date _____

Address _____

Home # _____ Best time to contact _____

Email Address _____

Pet Information

Pet Name _____ Breed _____

Weight _____ Age _____ Sex M F Neutered/Spayed Y N Age _____

Where did you obtain this pet? _____

Breeder (if applicable) _____

Behavior of parents or litter mates _____

Currently on any medication? _____

Environment / Lifestyle

For what purpose did you get your pet? Companion Show Breeding

Age Obtained _____ Amount Fed _____

Type of food _____ Frequency of feeding _____

When fed _____ Where fed _____

Who feeds (describe eating) _____

Favorite treat _____ Supplements given _____

Favorite game _____ Type of exercise _____

Amount/ Frequency of exercise _____

Amount/Frequency of play _____

Favorite toy(s) _____

Describe where your cat stays at each of the following times:

Daytime (owner away) _____

Daytime (owner home) _____

Night time _____

Where guests visit _____

How long is the dog alone each day? _____

Reaction prior to departure _____

Reaction to homecoming _____

Ever alone outdoors? Y N How often? _____

How long (average) _____

Where is the cat when outside? _____ Fenced in back yard Y N

Type of dwelling Farm Apt House Other

Family Relationships

List each family member include sex and age: _____

List all other pets, including breed, age, and sex: _____

Describe how your pets get along with each member of the family and each pet: _____

Briefly describe your cats personality: _____

Handling

How does your cat react to the following?

Nail trimming _____ Cleaning Ears _____

Giving Medication _____ Grooming/Bathing _____

Petting _____ Rubbing Belly _____

Strangers visiting home _____

Other cats on property _____

Punishment

Physical _____ Noise _____

Water Sprayer _____ Verbal _____

Has any punishment made the problem worse? Y N If yes, describe: _____

Aggression

Is your cat aggressive toward people? Y N

List any other people your cat is aggressive toward _____

Has your cat ever bitten hard enough to break the skin or cause injury? _____

Was there an illness or health problem when the aggression started? _____

When your cat is aggressive what is your response? _____

Fear Aggression

Does your pet act fearful at the time of aggression? Y N

Describe: _____

What is the primary problem (aggressive, house soils, destructive, etc.)? _____

How would you describe the severity of this problem? Mild Moderate Severe

Have you considered euthanasia? Y N

Describe the problem beginning with the most recent incident: _____

What age was your pet when this began? _____

Describe the first incident: _____

How often does this problem occur? _____

Has there been a recent change in frequency or severity? Y N If yes, describe _____

Were there any changes in the home when the problem first appeared? _____

Have you actually seen the problem? Y N If yes, what did you do? _____

What has been done so far, to try and correct the problem? _____

What was the cat's response? _____

List any techniques that have had any success: _____

List any techniques that have made the problem worse: _____

Have any drugs been used so far, and the cat's response to the medication? _____

What do you think is the reason for your cat's problem? _____

Additional Comments: _____

Elimination Behavior:

Does your cat use a litter pan? _____

Does your cat eliminate consistently in the litter pan? _____

How many litter boxes are available? _____

How often is the litter box(es) scooped? _____

How often is the litter box changed completely? _____

Type of litter: Clay Clumping Crystals Other

Brand of litter: _____

How long have you used this brand? _____

Where are the litter boxes kept? _____

Is there a specific place for urinating inappropriately? _____

Vertical surfaces (walls, sides of furniture, drapes)? _____

Horizontal surfaces (floor, top of counter, paper, clothing/other items left on floor)? _____

Do strays or other pets visit your home frequently? _____

Are there covers on the litter pans? _____

Are there liners in the litter pans? _____

Are the food/water bowls kept next to/near litter pans? _____

Are the litter pans located close to any household appliances? _____