Feline Behavior Questionnaire

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**Instructions**: Please read directions closely and fill out all relevant information, with as much detail as possible. Not all questions will be required for every pet. Please complete form, preferably on a computer, and return via email to animalclinicofholland@gmail.com at least 2 days before your scheduled behavior consultation appointment. Feel free to also provide photos and videos if you feel they are relevant and may be helpful during the consultation.

**Today’s date**:

**Date and time of consultation**:

**Owner Information**:

Name:

Street address:

City: State: Zip code:

Phone number:

Email:

Primary veterinary clinic:

Veterinarian’s name:

Clinic phone number:

**Pet Information:**

Name:

Breed:

Date of birth:

Sex:

Spayed or neutered? Yes No If yes, at what age?

Weight:

**Pet’s Early History**:

Age of pet when you got them:

Date obtained:

Where did you get your pet from?

Reason for obtaining your pet?

Was your pet owned by anyone before you? If yes, please describe.

**Pet’s Medical History:**

Date of last veterinary visit:

Please describe any previous, current, or chronic medical problems:

Is your pet up to date on vaccinations?

Is your pet on heartworm and flea/tick medication? If so, what kind(s) and for what portion of the year?

Date of last fecal test:

Has your pet had any blood work performed? Yes No

If yes, please provide copies of at least the most recent tests

Has your pet ever received medication or supplements for behavior issues? Yes No

If yes, please list medication/supplement name and dosage below

|  |  |  |  |
| --- | --- | --- | --- |
| Medication/supplement Name | Strength (mg) | Dose given and frequency | Dates given |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please list all current medications and/or supplements your pet receives below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication/supplement Name | Strength (mg) | How much given how often? | When was it started? | Purpose for giving? |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

**Environment**:

Please fill out the chart below for all human family members living in the same house as the pet or who are frequent visitors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Sex | Age | Describe the relationship with your pet |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please fill out the chart below for all other pets in the home or who are frequently around your pet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Breed | Sex | Spayed/Neutered? | Age | Describe the relationship with your pet |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please describe your home:

**Pet’s Diet**:

What type, brand, and flavor of food do you feed?

How much and how often is your pet fed per day?

When and where is your pet fed?

Do you feel your pet eats overly slow or fast?

Who generally feeds your pet?

What types of treats does your pet get/enjoy?

Has your pet ever displayed aggressive/protective behavior around food?

**Pet’s Daily Routine**:

Where does your pet sleep?

Where does your pet stay when nobody is home?

Are there high places available to your pet?

How many litter boxes do you have?

Where are they located?

What type of boxes are they (covered/uncovered, etc.)?

What type of litter do you use?

Does your pet ever urinate or defecate outside of the litter box? If yes, describe in detail:

Does your pet ever go outdoors?

If yes, how often, and how are they supervised?

Does your pet play with family members or other pets?

What are your pet’s favorite games to play or toys to play with?

Do you have a scratching post or other scratch toy?

How often is it used?

Does your pet scratch anything other than the scratching post?

Does your

Does your pet ever go to boarding facilities?

Does your pet ever go to a groomer’s?

How does your pet do in the car?

Please describe in as much detail as possible (including times) what a typical day looks like for your pet

**Training History**:

Have you ever used any of the following for training/punishment? If yes, what was the outcome?

Verbal corrections/reprimands:

Physical punishment:

Noisemakers:

Water sprayer:

Others:

**Reactivity**:

Please describe how your pet reacts in the following situations, with as much detail as possible

Familiar people approaching:

Children approaching:

Unfamiliar people approaching at home:

Familiar animals:

When approached while eating:

When approached while playing with a toy:

To the doorbell or a knock on the door:

To thunder, fireworks, or other loud noises:

**Aggression**:

Please describe, if applicable, your pet’s behavior in the following situations, with as much detail as possible

Has your pet ever been aggressive or threatening to the family?

Has your pet ever been aggressive or threatening to other household pets?

Has your pet ever been aggressive to unfamiliar people?

Has your pet ever bit a person?

If yes, did the bite break the skin and was medical treatment necessary?

Describe the event in detail:

Has your pet ever bit another animal?

If yes, did the bite break the skin and was medical treatment necessary?

Describe the event in detail:

Is your pet every aggressive in any other situations or circumstances?

**Current Concerns**:

Please describe what you consider to be your pet’s main behavioral problem. Be as specific as possible, including what happens, when it happens, when the behavior started, where it happens, who’s involved, how often it happens, etc.

Please describe the most recent two or three incidents of this behavior, including dates, locations, and as much other specific details as possible.

Incident 1:

Incident 2:

Incident 3:

How often does this problem occur?

Please describe anything you’ve tried to correct the problem (supplements, medication, training, routine changes, etc.):

Has the behavior gotten better or worse?

**Other relevant information**:

If there is any other information you feel is relevant, please provide it here:

**Goals**:

What are your goals and expectations for your pet’s behavior problem?