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Cat Behavior Questionnaire

The process for treating behavior issues involves many important steps.

Step 1: Forms must be filled out in detail and returned to the clinic. These will be carefully reviewed by the doctor before your appointment. All of your answers are confidential. The cost for doctor review in preparation for visit and behavior consult is \$145.00, paid at form drop-off.

Step 2: After receiving forms and payment, the receptionist will schedule the exam, labwork and consultation.

Step 3: Bring your pet in for a physical exam, blood and urine tests and behavior consultation with the doctor.

Costs: Physical Exam	\$ 69.00
Labwork	\$ 171.00
Behavior Consultation	\$ 145.00 (pre-paid at step 1)

**Additional cost could include medications for physical or behavioral problems.*

Step 4: At the end of the visit, written material will either be given to you or mailed.

Please complete these questions as thoroughly as possible.

1. Cat's Name _____
Your Name _____
2. Breed _____ Color _____
3. Age of Pet _____
4. Date of Birth _____
5. Sex _____ Spayed or Neutered? Yes No
If yes, at what age? _____ Date of surgery? _____
Reason for neutering? _____
Any behavioral changes after neutering? _____
6. If your cat is not neutered, do you plan to breed him/her? Yes No
7. Has this cat ever been bred? Yes No
8. If female, did she experience heat cycles before neutering? Yes No
Age of first heat, if applicable _____
Date(s) of heat cycle(s) _____
9. How old was your cat when you first acquired it? _____
10. Did you meet all the kittens in the litter? _____
If so, why did you choose your kitten? _____
11. Why did you choose this specific breed? _____

12. Have you had this particular breed before? Yes No
13. Has this cat had any other owners? Yes No If so, how many? 1 2 3 4 Unknown
Why was this cat given up? _____
14. How long have you had this cat? _____
15. Where did you get this cat?
- Stray/Found
 - Breeder
 - SPCA/Humane Shelter
 - Breed Rescue Service
 - Newspaper adoption advertisement (not breeder)
 - Pet Store
 - Friend
 - Other (Please explain) _____
16. Why did you get this cat? _____
17. When was your cat last vaccinated for the following (dates, if you know them):
- Feline FVRCP: _____
- Rabies: _____
- Feline Leukemia: _____
18. Is this cat (please check all that apply):
- Allowed to run free, unsupervised
 - Leash-walked only
 - Outside, unleashed but supervised
 - Indoors only
 - Outdoors only
19. What percentage of the day does your cat spend outside? _____
What percentage of the night does your cat spend outside? _____
What kind of living situation do you have?
- Apartment
 - Townhouse/Condominium
 - House with small yard
 - House with large yard
 - Farm
20. How many times is your cat let out per day?
- 0 1 2 3 4 5 6 7 8
21. How often is your cat fed meals each day?
- 1 2 3 4
- How often is your cat fed treats (cat treats, cat chews) each day?
- 1 2 3 4
- How often is your cat fed snacks from the table (i.e. human food) each day?
- 1 2 3 4

22. What exactly is your cat fed (include brand names)?

23. Do you leave food out all day? Yes No

If so, how much? _____

How frequently do you refill? _____

24. Does your cat have any allergies? Yes No

Please specify _____

25. Does your cat have any pre-existing or current medical problems? Yes No

If so, what are they?

26. Is your cat currently taking any medication to prevent Heartworms? Yes No

Brand _____

Is your cat currently taking any medication to control Flea & Ticks? Yes No

Brand _____

Is your cat currently taking any other medications? Yes No

Types _____

27. Has your household changed since acquiring this cat? Yes No

- If so, how?
- | | |
|---|--|
| <input type="checkbox"/> Death of human in family | <input type="checkbox"/> Death of pet in family |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Baby born | <input type="checkbox"/> Child moved |
| <input type="checkbox"/> Pet added | <input type="checkbox"/> Family schedule changed (lost or gained jobs) |
| <input type="checkbox"/> Family moved | <input type="checkbox"/> Other |

28. Please list the people, *including yourself*, currently living in the household or who spend a lot of time with the cat.

Name	Sex	Age	Relationship	Occupation
(Self, husband, wife, mother-in-law, etc.)				

* Please mark with an asterisk (*) any of the above who are coming to the clinic with the cat.

29. Please list all the animals in the household.

Name	Breed	Sex	Age Obtained	Age Now	Age at Introduction

- * Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.
- * Please label each pet's age at time of introduction to your cat.

30. Have you had pets before? Yes No
31. Have you had dogs before? Yes No
32. Have you had cats before? Yes No

33. Where does your cat sleep? Check all that apply, we know pets move at night.

- In or on your bed
- On its own bed in your bedroom
- On its own bed in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants
- In another room because it is locked from your bedroom, anywhere it wants

34. Does your cat wake you up at any time during the night? Yes No

If so when, and for what reason?

35. How often do you play with toys or play games with the cat inside the house daily (on average)?

- 0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)? _____

36. How many litter boxes do you have?

- 0 1 2 3 4 5 6 >6

37. Describe the litter boxes (check all that apply and put in parentheses the number of boxes for which that is true).

<u>Description</u>	<u>Number</u>	<u>Description</u>	<u>Number</u>
<input type="checkbox"/> Open	()	<input type="checkbox"/> Covered	()
<input type="checkbox"/> Square	()	<input type="checkbox"/> Rectangular	()
<input type="checkbox"/> Large	()	<input type="checkbox"/> Small	()
<input type="checkbox"/> Deep	()	<input type="checkbox"/> Shallow	()
<input type="checkbox"/> Liner	()	<input type="checkbox"/> No liner	()
<input type="checkbox"/> Other – please specify:	_____		

38. What kind of litter material do you put in the box(es)? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Clumpable, recyclable | <input type="checkbox"/> Plain clay |
| <input type="checkbox"/> Deodorized | <input type="checkbox"/> Playground sand |
| <input type="checkbox"/> Anything you can get with a coupon | <input type="checkbox"/> Ashes |
| <input type="checkbox"/> Potting soil | <input type="checkbox"/> None (empty box) |
| <input type="checkbox"/> Gravel/rock | <input type="checkbox"/> Sawdust/wood chips |
| <input type="checkbox"/> Wheat husks | <input type="checkbox"/> Recycled, pelleted newspaper |
| <input type="checkbox"/> Shredded paper or paper toweling | <input type="checkbox"/> Other – please specify: _____ |

39. Where are the litter boxes? Check all that apply.

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Closet | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Attic | <input type="checkbox"/> Entryway |
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Basement | <input type="checkbox"/> Stairwell |
| <input type="checkbox"/> Other – please specify: _____ | | |

Feel free to include a diagram of your cat's litter box locations on the back of this sheet if you think it would help us understand the situation.

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

41. Are the front feet declawed?

- Yes
 No

Age declawed: _____

Is there anything else you would like to tell us about your cat's behavior?

42. What is (are) the behavioral problem(s) that you wish to address, and how much of a problem do you consider the behavior to be? Please use the chart below.

Problems	Very Serious	Serious	Not Serious

43. Why have you kept the cat despite its behavior problem?

44. Are you concerned that you may have caused the problem?

Yes

No

Why? _____

45. Do you feel guilty about this problem?

Yes

No

Why? _____

46. Have you considered finding another home for this cat?

Yes

No

47. Have you considered euthanasia (putting your cat to sleep)?

Yes

No

48. Did someone recommend euthanasia before your visit here?

Yes

No

49. If you think that it would help us understand your cat's problem, add a map of your house or the relevant areas of your house (i.e., locations of litter boxes or dog beds, locations of fences, etc.).

