

# Behavior Questionnaire

### Owner Information

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type of home: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
Age when acquired: \_\_\_\_\_  
Where was the cat obtained?  Breeder  Shelter/rescue  Private home  
 Other:

Describe the behavior of parents/litter mates, if known:

Describe previous home, if known:

Why did you chose this cat?:

Have you had cats before?:

### People Living in Household

Name	Age	Relationship to owner

### Other People in Regular Contact with Cat

Name	Age	Relationship (pet sitter, friend, etc)

**Pets in Household (in order came into household)**

Name	Breed/Species	Age now	Sex	Age aquired

**Major Changes**

List any major changes since acquiring this cat (moves, illness/death of pets/people, new people/pets added to household)

Date: \_\_\_\_\_ Event: \_\_\_\_\_  
Date: \_\_\_\_\_ Event: \_\_\_\_\_  
Date: \_\_\_\_\_ Event: \_\_\_\_\_

**Medical History**

List any major illnesses/surgeries, with dates:

List all medications/treatments your cat is currently receiving, including parasite preventatives, dietary supplements, herbal therapies:

Name of Medication	Dose/Frequency Given	Date Started Medication

## Feeding Information

When and where is the cat fed? \_\_\_\_\_

Who feeds? \_\_\_\_\_

Type of food: Dry \_\_\_\_\_

Canned \_\_\_\_\_

Home-prepared \_\_\_\_\_

People food \_\_\_\_\_

Treats \_\_\_\_\_

Eating habits - check all that apply:

Eats right away  Picky eater  Anxious eater  Eats quickly

Guards food from other cats  Guards food from people

Other: \_\_\_\_\_

Feeding routine:

Meal feeding  once daily  twice daily  three + times daily

Free feeding

## Outdoor Information

Does your cat go outside? \_\_\_\_\_

If yes, how much time outside daily? \_\_\_\_\_

Is outdoor time supervised?  yes  no  leash  catio  yard only

## Litter box Information

Box Number	Location of Box	Size of box/sides	Covered or Open?	Type of litter

How often are the boxes scooped?: \_\_\_\_\_

How often are the boxes washed/litter replaced?: \_\_\_\_\_

What do you use to clean the box?: \_\_\_\_\_

Are any of the boxes auto cleaners?: \_\_\_\_\_

## Daily Routine Information

Please describe a typical 24 hour day in the life of your cat, starting with when they wake up in the morning. Include information on meals, exercise, playtime, outdoor time, visitors.

If behavior problems occur at particular times of the day, include that information:

## Bite History

Has your cat ever bit a person? \_\_\_ Yes \_\_\_ No

If yes, describe the victim (age, gender, actions prior to bite): \_\_\_\_\_

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## Primary Behavior Problem

What is the ONE main behavior problem you wish to address?: \_\_\_\_\_

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Describe below the incidents of this problem. Include where incident occurred, who else was present (animal and people), what happened just before the incident, and how everyone reacted.

FIRST incident of this problem

Date: \_\_\_\_\_

Cat's age: \_\_\_\_\_

Description of incident:

Most recent incident of this problem

Date: \_\_\_\_\_

Cat's age: \_\_\_\_\_

Description of incident:

One other incident of this problem

Date: \_\_\_\_\_

Cat's age: \_\_\_\_\_

Description of incident:

If you have noticed any changes in your cat's body language or facial expression before, during, or after the incidents, please describe:

How often does this problem occur:

>10 times daily  1-10 times daily  1-6 times/week  <1x/week  <1 time/ month

Is the frequency  increasing  Decreasing  Unchanged

What percentage of time that your cat is in a potentially problematic situation does the problem behavior occur?  <25%  26-50%  51-75%  76-100%

Describe what you've done to try to correct the problem, and what the cat's response has been to each attempt:

How serious do you, and the members of the household, find this problem:

Name:  Mild  Moderate  Severe  Intolerable

Name:  Mild  Moderate  Severe  Intolerable

Name:  Mild  Moderate  Severe  Intolerable

Name:  Mild  Moderate  Severe  Intolerable

Has anyone suggested your euthanize or re-home this cat for this problem?

Yes  No

Have your considered euthanasia or rehoming this cat for this problem?

Yes  No

### **Other Behavior Problems**

List any other behavior concerns, in order of importance to you:

Please include a floor plan sketch of where your cat lives. Include in the diagram the location of litter boxes, food dishes, and mark with an "X" the areas where the problem behavior occurs.

## Liability

- As the owner of, or the agent or handler for the individuals who will be working with, the cat(s) indicated below, I understand that the behavior therapies recommended by Weymouth Landing Cat Clinic & Hotel (the clinic) may involve some level of risk to the cat(s) and/or the handlers, or other people or property in spite of the clinic's best efforts to minimize them.
- I will use by own judgement and common sense when following the recommendations to not place people, pets, and/or property at undue risk.
- Furthermore, I realize that the the clinic and its clinicians cannot guarantee that a cat will not be aggressive or cause injury to people or property in the future, and that the cat's owner(s) and handler(s) continue to assume all liability for any future aggression or injury to people or property.
- I am 18 years of age or older.
- The information I have provided in the foregoing questionnaire is accurate and complete to the best of my knowledge.
- By signing below, I freely assume these risks and do not hold Weymouth Landing Cat Clinic, & Hotel, or its clinicians or staff liable for any injury which may occur to owner(s), cat(s) indicated below, other people, other animals, or property while using their training and medication treatment recommendations.

Owner's Name: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

I, \_\_\_\_\_, have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of Weymouth Landing Cat Clinic & Hotel.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_