



Preliminary Client Questionnaire Feline Behavioral Consultation

Dear Client,

RE: Behavioral Consultation

Please review the following packet questionnaire. Fill it out completely and return it to our office as soon as possible. If you are able to videotape your pets' behavior, please include the videotape or bring it with you at the time of your appointment. You should schedule the behavioral consultation at least one week in advance post receipt of your questionnaire; appointments will be set up on a Wednesday or Saturday. Please call 24 hours in advance if you need to cancel or reschedule your appointment.

If you have any questions please contact our office and speak with Cheryl or Rosa @ (831) 475-0432.

Sincerely,

Staff
Animal Hospital of Soquel, Inc.

CLIENT QUESTIONNAIRES

PRELIMINARY CLIENT QUESTIONNAIRE

Please complete these questions and return the questionnaire before the appointment if possible. Otherwise bring it with you at the time of the appointment. All of your answers are confidential. PLEASE REMEMBER THAT YOU ARE REQUESTED TO BRING PROOF OF RABIES VACCINATION TO YOUR APPOINTMENT.

1. Pet's name _____ Your Name _____
2. Breed of Cat _____ Color _____
3. Age of pet _____
4. Date of birth of pet (if known) _____
5. Sex of pet _____
6. Is your pet spayed or castrated _____
If yes, at what age? _____
Date neutered _____
Reason for neutering _____
Any behavioral changes after neutering? _____
7. If your pet is not neutered, do you plan to breed this cat? Yes No
8. Has this cat ever been bred? Yes No
If female, did she experience heat cycles before neutering? Yes No
9. How old was your pet when you first acquired it? _____
10. Has this pet had other owners? Yes No Unknown
If so, how many? 1 2 3 4 Unknown
Why was this pet given up? _____
11. How long have you had this pet? _____
12. Where did you get this pet? Stray/Found
 Stray / Found
 Breeder
 SPCA / Humane Shelter
 Breeder Rescue Shelter
 Newspaper adoption advertisement (not breeder)
 Pet Store
 Friend
 Other (please explain) _____
13. Why did you get this pet? _____
14. When was your pet last vaccinated for:
Feline Leukemia, Panleukopenia, Rhinotracheitis, Calici, etc.
(date if you know it) _____
Rabies (date, if you know it) _____ 1 year 3 year

16. Is this pet (please check all that apply):

- Allowed to run free, unsupervised
- Fenced/kenneled/run
- Leash-walked only
- Outside, unleashed but supervised
- Indoors only
- Outdoors only

17. What percentage of the day does your pet spend inside? _____

What percentage of the day does your pet spend outside? _____

What kind of a living situation do you have?

- Apartment
- Townhouse/condominium
- House with small yard
- House with large yard
- Farm

18. How many times is your cat let out per day?

- 0 1 2 3 4 5 6 7 8 9 10

If your pet is walked, what is the average length of time (in minutes)? _____

How often is your pet fed meals each day?

- 0 1 2 3 4

19. How often is your pet fed treats (cat treats, chewies) each day?

- 0 1 2 3 4 5 6 7 8 9 10

How often is your pet fed snacks from the table (i.e. human food) each day?

- 0 1 2 3 4 5 6 7 8 9 10

20. What exactly is your pet fed (include brand names)? _____

21. Does your pet have any allergies? Yes No

Please specify _____

22. Does your pet have preexisting or current medical problems? Yes No

If so, what are they? _____

Types _____

23. Is your pet taking any medication to prevent heartworm? Yes No

Brand _____

24. Do you have any other pets besides this one? Yes No

If so, are any of these pets ill? Yes No

25. Has your household changed since acquiring this pet? Yes No

If so, how?

- Death of a human in family
- Death of a pet in family
- Divorce
- Marriage
- Baby born
- Child moved
- Pet added
- Family moved
- Family schedule changed (lost or gained jobs)
- Other _____

26. Please list the people, *including yourself*, currently living in the household.

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

Please mark with an asterisk (*) any of the above who are coming to the clinic with the pet. If anyone *Not listed* is coming with the pet, who are they (i.e. friend, neighbor)? _____

27. Please list all the animals in the household.

Name	Breed	Sex	Age Obtained	Age Now

Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

28. Do you know how many animals were in this pet's litter?

- Yes
 Number= _____ (_____ Females _____ Males)
- No

29. Why did you choose this specific animal from the litter? _____

30. Why did you choose this specific breed? _____

31. Have you had this breed before? Yes No
32. Have you had pets before? Yes No
33. Have you had dogs before? Yes No
34. Have you had cats before? Yes No
35. Have you had birds before? Yes No

36. Where does your pet sleep (please check all that apply; we know how pets move at night)?

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- On its own in another room
- In a crate in another room
- On the floor 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 room, anywhere it wants

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

- 0 1 2 3 4 5 >5

38. How often do you play with toys or play games with the pet outside the house daily (on average)?

- 0 1 2 3 4 5 >5

39. Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.?

40. What does your pet do as you prepare to leave?

For Cats Only

41. How many Litter boxes do you have?

- 0 1 2 3 4 5 6 >6

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

- | Description | Number |
|--|--------|
| <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: _____ | |

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

- Clumpable, recyclable
 Plain clay
 Deodorized

- Playground sand
- Anything you can get with a coupon
- Ashes
- Potting soil
- None (empty box)
- Gravel/rock
- Sawdust/wood chips
- Wheat husks
- Recycled, pelleted newspaper
- Shredded paper or paper toweling
- Other – please specify: _____

44. Where are the litter boxes (check all that apply)?

- Closet
- Kitchen
- Bathroom
- Attic
- Pantry
- Basement
- Stairwell
- Other – please specify: _____

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

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

46. Are the front feet declawed?

- Yes
- No

Age declawed _____

Are the back feet declawed?

- Yes
- No

Age declawed _____

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

47. 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 used the chart below.

Problems	Very Serious	Serious	Not Serious

48. Why have you kept the pet despite its behavior problems?

49. Are you concerned that you may have caused the problem? Yes No
 Why? _____

50. Do you feel guilty about this problem? Yes No
 Why? _____

51. Have you considered finding another home for this pet? Yes No

52. Have you considered euthanasia (putting the pet to sleep) Yes No

53. Did someone recommend euthanasia before your visit here? Yes No

54. If you think that it would help us understand your pet's problem, attach/draw a map of your house or the relevant areas of your house (i.e. locations of litter boxes or beds, locations of fences, etc.)

Questionnaire For Cats With Elimination Disorders

Questions 1-14 are summarized in a tabular form below for easy compilation of information

1. How many litter boxes are available for the cat(s)?
2. How many of the litter boxes are covered?
3. What are the sizes of the boxes?
4. Where are the boxes?
5. How deep is the litter in each of the boxes?
6. Are liners ever used?
7. If liners are used, are they scented?
8. List all the types of litter used for each box?
9. Are any of the litters scented?
10. Does the cat respond differently to any of the above styles of boxes or litters, size or box, or depths of litters?
11. How frequently is the litter changed?
12. How frequently is the litter box washed and replaced?
13. Are deodorants used in the cleaning process?
14. How many cats actually share a litter box?

	Box 1	Box 2	Box 3	Box 4
1. Number of boxes				
2. Is the box covered				
3. Size of box				
4. Location of box				
5. Depth of box				
6. Liner?				
7. Liner scented?				
8. Type of litter				
9. Litter scented				
10. Response?				
11. Frequency of changing litter				
12. Frequency of washing box				
13. Deodorants used in cleaning?				
14. Number of cats sharing the box				

15. What does the cat do in the litter box: does it get in, does it stand outside, does it dig in or out?

16. Is the cat ever allowed outside?

17. Does the animal eliminate in the presence of other animals or people, or is the elimination behavior secret?

18. Will the cat immediately use a freshly cleaned litter box?

19. Has the cat ever had any variation in whether it covers its feces or urine, and is any of that variation associated with the presence or absence of any other situation or cat?

20. Does the cat ever vocalize while it eliminates?

21. Will the cat spray against the back of a covered litter box?

22. Does the animal ever use a shower or bath tub for elimination? If so, how frequently?

23. What other areas (get a complete list with locations and frequency of use) are ever used for elimination?

HISTORY SHEETS FOR ANIMALS WITH STEREOTYPIC AND RITUALISTIC BEHAVIORS

1. Into which of the following categories does the behavior fit?
 - Grooming (chewing/biting/licking self)
 - Hallucinatory (staring/tracking/attacking/invisible prey)
 - Consumptive (consuming rocks, dirt, other objects/sucking wool)
 - Locomatory (circling, chasing tail/freezing/scratching)
 - Vocalizing (rhythmic barking/barking/howling/growling)
2. Was there a change in the household or an event that was associated with the development of the behavior?
3. Is there any time of day when the behavior seems more or less intense? If so, what is usually going on at that time of day?
4. Is there a person/other pet in the presence of whom the behavior seems more intense? If so, who is this and what is their association to the pet?
5. What is the attitude of the pet while performing the behavior (i.e., distressed, self-absorbed, fearful)?
6. Does the animal respond to its name or seem aware of its surroundings during the behavior? Is it aware that you are calling it? How can you tell?
7. Can you convince the pet to stop the behavior by either (1) calling it or (2) using physical restraint?
8. What kinds of things, if any, will interrupt the behavior once it has started (i.e., noises, treats, toys)?
9. What does the client do when the behavior begins?

10. Is there a location in which the animal prefers to perform the behavior?
11. For ingestion, what types of objects are consumed? Be as specific as possible (e.g., type of rug, fabric, or sweater)?
12. Is there a pattern to the behavior? What are the duration, frequency, and characteristics of the events themselves?
Duration: days, weeks, months
Frequency: hourly, daily, weekly, monthly, sporadic
Pattern: after meals, in the morning (be specific)
13. Does any event or behavior routinely occur immediately before the behavior begins?
14. Does any event or behavior routinely occur immediately after the behavior ceases?
15. Has the pet's general behavior changed in any way since the onset of the atypical behavior (e.g., the dog is more aloof, more aggressive)?
16. Has the pet's diet recently been changed?
17. Is there any other relevant information?