Olathe Animal Hospital Behavior Service

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Behavior Questionnaire Cover Sheet

Please complete this form and the attached questionnaire and return it by mail, email or fax (see above). *Please return it 3 days prior to your appointment*.

Please note:

1. Appointments are typically at least 1 hour in length.
2. All persons who regularly interact with the pet should attend the appointment.
3. All pets currently involved in the problem behavior should attend the appointment.
4. Please send a video of your pet's behavior to the address above so that it is received 3 days prior to the appointment. If a video cannot be sent prior to the appointment, please bring it to your appointment. **Do not provoke aggressive behavior in order to make a videotape**.
5. What to bring:
    a. Your pet's favorite food or treat
    b. Your pet's favorite toy
    c. A log of your pet's negative behavior for the 7 days prior to his/her appointment
6. If possible, your pet should be hungry at the time of the appointment.

Feline Questionnaire

Owner Information

Owner name:_____

Address:_____

Home phone:_____ Alternate phone:_____

Email:_____ How did you learn about us?:_____

Primary Care Veterinarian:_____ Clinic Name:_____

Patient Information

Patient's Name:_____ Breed:_____ Date of birth:_____

Sex:___M ___F Neutered/Spayed:_____

When did you neuter/spay your cat?_____

How long have you had your cat? _____

How old was your cat when you first acquired him/her? _____

Where did you get your cat? _____

Has this cat had other owners? ___Y ___N

If yes, how many? _____

Behavioral History

Please fill out the table below in regard to your cat's primary behavior problems.

Problem	Age at which problem began and historical development	Frequency	Nature of problem
		___Daily ___Weekly ___Monthly ___Yearly	___Very serious ___Serious ___Not serious
		___Daily ___Weekly ___Monthly ___Yearly	___Very serious ___Serious ___Not serious
		___Daily ___Weekly ___Monthly ___Yearly	___Very serious ___Serious ___Not serious
		___Daily ___Weekly ___Monthly ___Yearly	___Very serious ___Serious ___Not serious

Please give us a detailed description of significant representative events of each problem. Please include the **location, cat's body postures, any people present, any triggers, your reaction and the final outcome**. *This information is critical in diagnosis of the behavior problem(s)*.

Most recent incident: Date_____

Second most recent incident: Date_____

Third most recent incident: Date_____

Elimination Behavior

If your cat has an elimination (urination or defecation) problem, please fill out this section. If not, go to the next section.

1. Does your cat ever eliminate outside the litter box? ___Y ___N
    a. If so, does he/she ___Urinate ___Defecate ___Both
2. When your cat uses the litter box does he/she (check all that apply):
    ___Scratch before eliminating
    ___Cover feces
    ___Cover urine
    ___Immediately use a clean box
    ___Scratch outside box
    ___Cry or meow
    ___Run out of the box when done
3. When your cat urinates or defecates outside the litter box, does he/she (check all that apply):
    ___Scratch as if to cover
    ___Stand and spray urine
    ___Urinate on hard surfaces
    ___Urinate on a vertical surface
    ___Urinate on horizontal surfaces
    ___Urinate on soft surfaces
4. What are you using to clean the soiled areas (check all that apply):
    ___Vinegar/water
    ___Nature's Miracle
    ___Dish soap
    ___Febreeze
    ___Carpet cleaner
    ___Urine off
    ___Zero odor
    ___Anti-icky poo
5. How often is the litter scooped out per day? _____
6. How often is the litter box emptied, washed and the litter replaced? _____
7. Please describe the litter boxes in your home in detail (i.e. covered/uncovered, type of litter, location, etc.). Please include a simple diagram of your cat's litter box locations.

Aggression History

Bite History

If your cat has bitten anyone, please list the total number of bites:_____

Please list the number of bites that have broken the skin:_____

Please list the number of bites that were reported to the public health authorities:_____

Was legal action taken against you as a result of the bite(s)? ___Y ___N

1. To whom is your cat aggressive (check all that apply):
   ___Familiar adults
   ___Unfamiliar adults
   ___Veterinarian
   ___Groomer
   ___Unfamiliar cats
   ___Familiar cats
   ___Other household pets
   ___Familiar children
   ___Unfamiliar children
2. Is your cat aggressive when (check all that apply):

___Reached for	___Toweled	___Pushed/pulled	___Sleeping
___Spoken to	___Bathed	___Lifted	___Playing
___Corrected	___Nails trimmed	___Hugged	___When startled
___Touched	___In your bed	___Eating	___Playing with toys
___Looked at	___In his/her bed	___Examined at veterinary office	