

FELINE BEHAVIOR CONSULTATION QUESTIONNAIRE

Oakland Veterinary Referral Services, 1400 S. Telegraph Rd., Bloomfield Hills, MI 48302

Phone 248-334-6877 Fax 248-334-3693 behavior@ovrs.com

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General Information						
Today's date						
Date and time of consultation (if scheduled)						
Name						
Email						
Address						
City/Town, State					Zip Code	
Preferred Phone Number			Phone Type (cell, home, office)			
Alternate Phone Number			Phone Type (cell, home, office)			
Veterinary Clinic						
Clinic Phone Number			Veterinarian's Name			
Who referred you to OVRS?						
This questionnaire is being completed by:						
Cat Information						
Cat's Name				Sex		
Breed or description						
Date of Birth			Age			
Spayed/Neutered	Yes	No	If yes, when?			
Color			Weight			
Briefly describe your cat's personality (check all that apply):	Stubborn	Calm	Confident	Excitable	Bold	Shy
	Unruly	Quiet	Aggressive	Fearful	Intense	

Instructions

- Please complete this form carefully. Include all relevant information. Do not duplicate information.
- Note that not all questions are required for every pet. Skip sections as directed. When check boxes are provided, check all that apply, elaborate as needed and use "NA" for "not applicable."
- Return the completed form 3 business days before your consultation or as soon as possible.
- Email submission to behavior@ovrs.com is preferred, but you may also fax the form to (248) 334-3693.
- This form is designed to be completed on a computer – if completed by hand you may need to write/type answers on additional paper. Detailed information is critical for the doctor to diagnose and recommend a treatment program.
- To avoid losing your information, please remember to SAVE often and print a copy when you complete this form. This form is best filled out in Adobe Acrobat Reader but if filled out in Mac Preview, please print to PDF to save your answers before sending.
- You may bring all involved pets. We may request specific pets to accompany on follow-up visits.

Please select the behavior problem(s) for which you are seeking help for?		
Elimination	Fear/Anxiety	Other
Aggression towards humans	Aggression towards other animals in house	
Please fill out the Primary Behavior Concern and Home Environment sections, and then only the specific parts that are applicable to your cat's behavior problem(s).		

Primary Behavior Concern

Describe your cat's primary problem:

(Include specifics such as when the problem started, what the cat does, and the result of those behaviors. Include specific or approximate dates and include detailed descriptions of the behavior.)

Describe at least 3 specific incidents in detail:

(Include specifics regarding who was present and what actually occurred. If aggression is your cat's primary problem, describe the details of the incidents here or in the aggression section. Okay to describe >3 if needed).

Date:		Description:	
Date:		Description:	
Date:		Description:	

What do you think caused the behavior problem(s)?

Describe what has been implemented to resolve your cat's behavior problem and the outcome:

List any drugs, dietary supplements or remedies tried for behavior problems:

Dates given MM/DD/YY--MM/DD/YY	Medication or supplements	Strength/form (e.g., 10 mg tab)	How often given	Purpose/comments/ outcome

Please let us know how you feel about using medications for your pet's behavior problem:*

I wish to use *behavior modification alone* to improve my pet's behavior.
 I wish to use *behavior modification alone but will consider using medication* if it is recommended.
 I wish to use a *combination of behavior modification and medications* to improve my pet's problem.
 I wish to use a *combination of behavior modification and natural supplements* to improve my pet's problem.
 I fully anticipate using *medications* to improve my pet's problem.

** Your preferences will be considered as the doctor recommends the approach that best fits your pet's behavior problem.*

Describe your goals and expectations for your cat's behavior:

Describe your goals and expectations for this behavior consultation:

Describe how you learn best (mark all that apply to your family):	Demonstration Videos Online references Books Opportunity to do it yourself Handouts Verbal explanation
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Your Cat's Early History			
Age obtained		Date obtained	
Why did you obtain this cat?			
Describe your cat's previous type of home; include where, for how long, with whom, foster home, shelter, whether any interaction with parents or littermates:			

Home Environment						
List each family member living in the home; include yourself, children and/or frequent visitors:						
Name	Occupation	Family relationship, resident or visitor	Sex	Age	Briefly describe how they get along with cat	Check box if they will be present for the consultation
		SELF				

List all other pets in the house:						
Name	Breed	Sex	Spayed or Neutered?	Age	Briefly describe how they get along with cat	Check box if they will be present for the consultation

Describe your home, neighborhood and yard:

<p>Please make a large, detailed diagram of your home: label each room; identify windows (W), doors (D), large furniture (e.g., bed, couch, table), litter box locations (LB plus a number for each box), feeding areas (F), and favorite resting areas (R); also indicate where your cat spends the most time.</p> <p>If aggressive encounters are occurring, please indicate (A) where they occur.</p> <p>If your cat is having an elimination problem, please add the locations where your cat eliminates onto the map of your house you made earlier. Label any areas where your cat has urinated or defecated, using these codes: U=Urine, U*=Urine, Most Often, BM=Stool, BM*=Stool, Most Often. Label the type of flooring in each room (e.g., carpet, cement, linoleum, tile).</p> <p>If you are unable to scan a diagram for attachment to your email, please fax the completed diagram(s) to 248-334-3693 or bring them to your appointment.</p>
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Diet and Nutrition

Describe your cat's meals and feeding routine (include diet, when fed and appetite):

Describe type of treats and when you give them:

Medical Screen

When was the last time your cat was examined by a veterinarian?

Date rabies vaccination expires?

Describe any current, pre-existing or ongoing medical problems:

How would you describe your cat's maintenance activities?

	Normal/ appropriate	Decreased	Excessive	Recent Change?	Describe abnormalities or peculiarities
Thirst					
Appetite					
Energy /activity					
Sleep/rest					
Urination frequency					
Urination volume					
Defecation frequency					
Defecation volume					
Pain threshold					
Exercise tolerance					
Hearing					
Visual acuity					
Smell					
Vocalization					

Describe laboratory tests (include blood tests, urine tests, X-rays, etc., and dates performed):

List ALL medications/supplements your pet receives currently or frequently (including behavioral meds):

Medication	Strength/form (e.g., 10 mg tab)	How often given	When started	Purpose

Activities

Describe the usual daily schedule/routine for your cat and the family:
(Include specifics regarding when you get up, exercise, play, when resting, when alone, work/school schedules).

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Is cat ever allowed outdoors? Yes No If yes, is your cat supervised while outdoors: Yes No

How often is your cat outdoors and for how long?	
--	--

Describe your cat's preferred daytime sleeping spot?	
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Describe your cat's preferred night-time sleeping spot?	
---	--

Does your cat wake you up at night? Yes No	If yes, describe:
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Describe your cat's reaction to the following:

	Loves/adores/ obsessive/ exuberant	Playful	Ambivalent	Dislikes	Unknown	Additional details
Dry cat food						
Dry cat treats						
Moist cat treats						
Chicken, meat						
Canned cat food						
Seafood/tuna						
Other foods						
Catnip						
Cat toys						
Laser light						
Perch tower/high places						
Scratching posts/pads						
Going outdoors						
Hunting						
Rough-housing						
Fetch						

Interactive and object/exploratory play

List interactive games/activities/play toys your cat enjoys:	
--	--

Does the cat have preferred playtimes?	
--	--

Do you have regularly scheduled sessions of play? Yes No	If yes, describe how often, when and with whom:
--	---

Describe your cat's climbing or hiding tendencies:	
--	--

Grooming			
Does your cat's self-grooming seem to be: Less than normal? Normal? Excessive?			
When is your cat most likely to groom?			
Does your cat lick or groom other cats in the house? Yes No		If yes, which cats?	
Scratching			
Is your cat declawed? Not declawed Front only Front and rear			
Does your cat's scratching seem to be: Less than normal? Normal? Excessive?			
Does your cat have a scratching post? Yes No		If yes, list how many and describe each:	
Does your cat scratch any areas or objects other than the scratching post or play areas? Yes No		If yes, please describe:	
If this is the primary reason for today's visit, please provide more details in the Primary Behavior Concern section.			

Elimination and Litter Information		
Please describe your litter boxes:		
Litter box location (mark LB number on house diagram)	Type of litter	Type of box (e.g., covered or uncovered, lined or unlined, self-cleaning, other)
1.		
2.		
3.		
4.		
5.		
Which box number (from the list above) is your cat's favorite?		
Describe your cat's digging or burying habits before/after eliminating?		

Reactivity							
Please indicate how your cat reacts to each of the following:							
	Calm	Playful	Ambivalent	Fearful	Confused	Friendly	Aggressive
Familiar cats in home							
Unfamiliar cats in home							
Cats visible outside home							
Unfamiliar visitors to home							
Familiar visitors to home							
Car rides							
Thunderstorms/fireworks							
Other noises: _____							

Handling							
How does your cat react to the following:							
	Unknown	Enjoys	Resists	Accepts willingly	Accepts reluctantly	Threatens/ aggressive	Cannot attempt
Petting/stroking of head or neck area							
Petting/stroking of back or tail area							
Belly rubs							
Brushing							
Being hugged/kissed							
Restraint on your lap							
Nail trimming							
Ear handling/cleaning							
Eye cleaning or medicating							
Bathing							
Tooth brushing							
Being lifted/carried							
Getting medication							
Describe any handling problems in more detail:							
Please comment on any differences in your cat's response to handling by different family members:							

Training	
Describe any training you have attempted with your cat:	
Who trains the cat?	
Can your cat perform any "tricks? Yes No	If yes, please describe:
Have you tried any of the following techniques or types of training?	
	Never tried Tried Use often Improves behaviors Worsens behaviors Describe
Positive reinforcement	
Food rewards	
Clicker training	
Harness	
Verbal reprimands	
Physical punishment	
"Scruff"/Neck grasp	
Pinning	
Lifting in air	
Hitting	
Water sprayer or "squirt gun"	

Citronella or air spray						
Time-out						
Noise shaker can						
Other? Please describe:						
Has any punishment been effective? Yes No						
If yes, indicate what worked best and in what situations:						
Has any punishment made the problem worse? Yes No						
If yes, please describe:						
Does your cat respond differently to punishment from different family members? Yes No						
If yes, please describe:						
How do you feel about punishing your cat?						

Miscellaneous				
	Does not occur	Does occur but not a concern	Does occur, would like to improve	Describe
Jumps on counters				
Gets on furniture where not allowed				
Goes in rooms where not permitted				
Nips/grabs with mouth – “play” bites				
Scratches people, accidentally or intentionally				
Destructive chewing				
Destructive scratching on objects or surfaces				
Stubborn -- listens only when feels like it				
Hunting/predation				

Sections specific to your cat's behavior problem: please fill out only the sections specific to your concerns.

Elimination Problem									
Does your cat eliminate in undesirable locations (house soiling/markings)? Yes No									
Is an elimination problem the primary or secondary reason for today's visit? Yes No									
If NO, please proceed to next section – Fear and Anxiety Problems. If yes, please continue:									
How would you describe the severity of this problem?									
<p>Please describe the first incident. Please describe the first incident. What was the cat's age? Were there any changes in the household? Any changes associated with the litter or litter box? Any changes in the urine or stool when the problem began?</p>									
Was your cat ever completely "litter trained"? Yes No	If yes, at what age was the cat fully trained?								
Has your cat had any problems of the urinary or intestinal tract? Yes No	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If yes, please describe:</td> <td style="width: 50%;">Did this precede the soiling? Yes No</td> </tr> </table>	If yes, please describe:	Did this precede the soiling? Yes No						
If yes, please describe:	Did this precede the soiling? Yes No								
If there have been medical problems, describe here if not described in the medical section:									
Describe your cat's defecation (check all that apply):	<table border="0" style="width: 100%;"> <tr> <td>Normal</td> <td>Less frequent</td> <td>More frequent</td> <td>Hard stool/constipation noted</td> </tr> <tr> <td>Soft stool/diarrhea noted</td> <td>Straining/discomfort noted</td> <td>Vocalization noted</td> <td></td> </tr> </table>	Normal	Less frequent	More frequent	Hard stool/constipation noted	Soft stool/diarrhea noted	Straining/discomfort noted	Vocalization noted	
Normal	Less frequent	More frequent	Hard stool/constipation noted						
Soft stool/diarrhea noted	Straining/discomfort noted	Vocalization noted							
Describe your cat's urination (check all that apply):	<table border="0" style="width: 100%;"> <tr> <td>Normal</td> <td>Less frequent</td> <td>More frequent</td> <td>Increased volume/amount</td> </tr> <tr> <td>Straining/discomfort/small amounts noted</td> <td>Vocalization noted</td> <td></td> <td></td> </tr> </table>	Normal	Less frequent	More frequent	Increased volume/amount	Straining/discomfort/small amounts noted	Vocalization noted		
Normal	Less frequent	More frequent	Increased volume/amount						
Straining/discomfort/small amounts noted	Vocalization noted								
Have you noticed any abnormalities (e.g., blood, odor) about the urine? Yes No	If yes, please describe:								
Have you noticed any abnormalities (e.g., blood, odor, consistency) about the stool? Yes No	If yes, please describe:								

How often do the following events occur?												
	Many times a Day	Daily	Weekly	Every 2 weeks	Monthly	Never	Other interval	Describe				
Cat urinates in litter box												
Cat urinates outside litter box												
Cat defecates in litter box												
Cat defecates outside litter box												
Cat goes outdoors												
Cat urinates outdoors												
Cat defecates outdoors												
Litter box is scooped out												
Litter is completely replaced with new litter												
Litter box is completely cleaned, washed & dried												
From your list of litter boxes under Elimination and Litter Information:												
Indicate which of the above boxes your cat uses regularly (check all that apply):								1	2	3	4	5
Indicate which of the boxes your cat prefers (check all that apply):								1	2	3	4	5
Indicate which of the boxes your cat seldom or never uses (check all that apply):								1	2	3	4	5
What type of litter box (e.g., size, shape, hooded, etc.) does your cat prefer?												
If you have more than one cat, do they tend to use different litter boxes? Yes No				If yes, what are their preferences?								
What percentage of urine is outside the litter box?												
If your cat urinates outside the litter box, where and when does it occur most often?												
What percentage of inappropriate urination is found on a vertical surface (upright)?						What percentage of inappropriate urination is found on a horizontal surface (flat)?						
What percentage of stool is outside the litter box?												
If your cat defecates outside the litter box, where and when does it occur most often?												
Is there a particular surface or texture on which your cat prefers to soil? Yes No				If yes, please describe:								
Are there any surface types where your cat will not soil? Yes No				If yes, please describe:								
Is there a particular room or location where your cat prefers to soil? Yes No				If yes, please describe:								

Is there a particular room or location where your cat will not soil? Yes No		If yes, please describe:	
Locations soiled	Surface type	Urine, stool or both	When and how often?
Can you think of any pattern (seasons, days of the week, time of day) when the problem is most likely to arise?			
Do changes (e.g., moving, new furniture, vacations) dramatically affect your cat? Yes No		If yes, please describe:	
Does your cat ever use the litter box while you are watching? Yes No			
Have you ever observed the cat soiling outside the litter box? Yes No	If yes, what did you do? What was your cat's reaction?		
What has been done so far (other than giving medication) to try to correct the problem? How did the cat respond?			
List any techniques that have been at all successful:			
List any techniques that have made the problem worse:			
Interventions			
Have you tried?			
	Yes	No	Describe abnormalities or concerns
Litter with deodorizers			
Different depths of litter			
Other types of litter boxes (e.g., covered, uncovered, lined, unlined, self-cleaning)			
List types of litter that you have tried:	Indicate cat's response:		
	Uses readily	Uses but not a favorite	Avoids
	Uses readily	Uses but not a favorite	Avoids
	Uses readily	Uses but not a favorite	Avoids
	Uses readily	Uses but not a favorite	Avoids
	Uses readily	Uses but not a favorite	Avoids
	Uses readily	Uses but not a favorite	Avoids
List any drugs or pheromones that you have tried:	Cat's response (note benefits, side effects):		

Fear and Anxiety Problems

Does your cat ever exhibit fear or anxiety? Yes No

If NO, proceed to next section, Aggression Towards People. If yes, please continue:

Please indicate how your cat reacts to each of the following:

	No response	Shyness or timidity (non-aggressive) e.g., ears back, cowering, tail tucked, retreating, hiding	Hissing, growling, threatening but no attack	Bites or attacks but withdraws or ceases when threat is removed	Bites or attacks, chases viciously	Describe your cat's reaction or level of arousal in these situations: Mild, Moderate, High or Excessive
Car rides						
Thunderstorms						
Noises outside the home (e.g., fireworks)						
Noises inside the home (e.g., smoke alarms)						
Veterinary visits						
Grooming, professional						
Grooming, home care						
Nail trim						
Change in routine						
Visitors -- friends, familiar people						
Visitors – unfamiliar people						
Party or celebration						
Argument or heated discussion						
Animal visitors -- familiar						
Animal visitors – unfamiliar or stray animals						
Yard work (e.g., tree trimming, mowing)						
Workers, repair people or craftsmen in home						
Remodelling/ construction						
Power outage						
Housecleaning or carpet cleaning						

How long does it take your cat to settle down (i.e., back to normal) after exposure to these events?

Is there anything not listed above that might cause your cat to become fearful, anxious or aroused? Yes No

If yes, please describe:

Aggression Towards People	
Does your cat demonstrate any threats or aggression (growl, snarl, snap or bite) directed at people?	
Yes	No
Is aggression the primary or secondary reason for today's visit?	
Yes	No
If NO, proceed to next section, Aggression Towards Animals. If yes, please continue:	
Has your cat ever displayed threats or aggression to the <i>immediate family</i> ?	
Yes	No
Has your cat ever displayed threats or aggression to <i>unfamiliar people</i> ?	
Yes	No
Have your cat's bites caused a serious injury?	
Yes	No
	If yes, please describe:
What is the <i>potential for injury</i> ?	
None -- aggressive events are preventable Minimal Moderate Severe	
In what situation does your cat display aggression?	Describe what precedes the behavior and when it is most likely to occur:
Describe your cat's appearance or demeanor at these times (check all that apply):	Playful Fearful Bold and assertive Other If other, please describe:
What do you do when your cat displays aggression?	
What is the cat's response?	
Has any treatment used to date been effective? Yes No	If yes, please describe:
If necessary, could you <i>predict and avoid</i> all situations in which aggression might arise?	
Yes	No
Is the problem <i>serious</i> enough that you will be unable to keep your pet if the pet is not improved?	
Yes	No
Is legal action pending due to your cat's aggressive behavior?	
Yes	No
	If yes, please describe:
If aggression is a primary reason for today's visit, also be certain to answer all questions under Primary Behavior Concern.	

Aggression Towards Other Animals	
Has your cat ever displayed threats or aggression to <i>unfamiliar cats</i> ?	
Yes	No
Has your cat ever displayed threats or aggression to <i>cats living in the same home</i> ?	
Yes	No
If yes, please fill out Intercat Aggression Questionnaire on the website.	
Has your cat ever displayed threats or aggression to <i>outdoor cats</i> ?	
Yes	No
Has your cat ever displayed threats or aggression to <i>dogs in the household</i> ?	
Yes	No
If aggression is a primary reason for today's visit, also be certain to answer all questions under Primary Behavior Concern.	

Thank you for completing this form!
You have taken an important step toward resolving your pet's behavior problem!!

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CHECKLIST FOR YOUR BEHAVIOR APPOINTMENT:

- Email a **picture** of your cat (behaving or misbehaving) for our file, or bring a picture with you to the appointment.
- Submit your **completed questionnaire with house diagram** by email to behavior@ovrs.com (preferred) or by fax to 248-334-3693, three (3) days before your appointment.
- This form is best filled out in Adobe Acrobat Reader but if filled out in Mac Preview, please print to PDF to save your answers before sending.
- **Print an extra copy of the completed form, and bring it with you to the appointment.**
- Bring all training aids, medications and supplements with you to the appointment.
- Ask your veterinarian to complete the referral form on our website, www.ovrs.com, and submit copies of recent laboratory test results prior to your visit.
- **IF YOU MUST CANCEL OR RESCHEDULE YOUR APPOINTMENT, PLEASE GIVE A 48-HOUR NOTICE SO AS NOT TO FORFEIT YOUR DEPOSIT.**

Please add any additional notes below: