

## 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**

**Theresa L. DePorter, DVM, MRCVS, DECAWBM, DACVB Veterinary Behaviorist**

**Ashley Elzerman, DVM Ceva® Behavior Resident**

| 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](mailto: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).*

|              |  |                     |  |
|--------------|--|---------------------|--|
| <b>Date:</b> |  | <b>Description:</b> |  |
| <b>Date:</b> |  | <b>Description:</b> |  |
| <b>Date:</b> |  | <b>Description:</b> |  |

**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<br>MM/DD/YY--MM/DD/YY | Medication or<br>supplements | Strength/form<br>(e.g., 10 mg tab) | How often given | Purpose/comments/<br>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<br>Videos<br>Online references<br>Books<br>Opportunity to do it yourself<br>Handouts<br>Verbal explanation |
|---|--|

| 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  |            |  |     |     |  |  |
|---|------------|--|-----|-----|--|--|
| <b>List each family member living in the home; include yourself, children and/or frequent visitors:</b> |            |  |     |     |  |  |
| 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 |
|   |            | <b>SELF</b>                              |     |     |  |  |
|   |            |  |     |     |  |  |
|   |            |  |     |     |  |  |
|   |            |  |     |     |  |  |
|   |            |  |     |     |  |  |

| 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: |
|--|
|  |

**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.

**If aggressive encounters are occurring, please indicate (A) where they occur.**

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).

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.

**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/<br>appropriate | Decreased | Excessive | Recent<br>Change? | Describe abnormalities or<br>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<br>(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).*

|  |
|--|
|  |
|--|

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? |  |
|--|--|

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

|  |                   |
|--|-------------------|
| Does your cat wake you up at night?<br>Yes    No | If yes, describe: |
|--|-------------------|

**Describe your cat's reaction to the following:**

|                         | Loves/adores/<br>obsessive/<br>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: |  |
|--|--|

| <b>Grooming</b>   |  |  |  |
|---|--|--|--|
| 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?                      |  |
| <b>Scratching</b>   |  |  |  |
| 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.       |  |  |  |

| <b>Elimination and Litter Information</b>                               |                |  |
|---|----------------|--|
| 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? |                |  |

| <b>Reactivity</b>  |      |         |            |         |          |          |            |
|--|------|---------|------------|---------|----------|----------|------------|
| <b>Please indicate how your cat reacts to each of the following:</b> |      |         |            |         |          |          |            |
|  | 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  |         |        |         |                   |                     |                       |                |
|---|---------|--------|---------|-------------------|---------------------|-----------------------|----------------|
| <b>How does your cat react to the following:</b>  |         |        |         |                   |                     |                       |                |
|   | Unknown | Enjoys | Resists | Accepts willingly | Accepts reluctantly | Threatens/ aggressive | Cannot attempt |
| Petting/stroking of head or neck area   |         |        |         |                   |                     |                       |                |
| Petting/stoking 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?"<br>Yes                      No           |             |       | If yes, please describe: |                    |                   |          |
| <b>Have you tried any of the following techniques or types of training?</b> |             |       |                          |                    |                   |          |
|   | 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:  |  |  |  |  |  |  |
| <b>Has any punishment been effective? Yes No</b>   |  |  |  |  |  |  |
| If yes, indicate what worked best and in what situations:                                    |  |  |  |  |  |  |
| <b>Has any punishment made the problem worse? Yes No</b>                                     |  |  |  |  |  |  |
| If yes, please describe:   |  |  |  |  |  |  |
| <b>Does your cat respond differently to punishment from different family members? Yes No</b> |  |  |  |  |  |  |
| If yes, please describe:   |  |  |  |  |  |  |
| <b>How do you feel about punishing your cat?</b>   |  |  |  |  |  |  |

| <b>Miscellaneous</b>                            |                |                              |                                   |          |
|---|----------------|------------------------------|-----------------------------------|----------|
|   | 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><b>Please describe the first incident.</b><br/>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?<br>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?<br/>Yes No</td> </tr> </table>  | If yes, please describe: | Did this precede the soiling?<br>Yes No |               |                               |  |                            |                    |  |
| If yes, please describe:   | Did this precede the soiling?<br>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<br>a Day | Daily | Weekly | Every 2<br>weeks                    | Monthly | Never   | Other<br>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:  |  |                          |                                    |
| <b>Interventions</b>   |  |                          |                                    |
| <b>Have you tried?</b>   |  |                          |                                    |
|  | 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:

| <b>Aggression Towards People</b>  |  |
|---|--|
| Does your cat demonstrate any threats or aggression (growl, snarl, snap or bite) directed at people?<br>Yes No                      |  |
| Is aggression the primary or secondary reason for today's visit? Yes No   |  |
| <b>If NO, proceed to next section, Aggression Towards Animals. If yes, please continue:</b>   |  |
| 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> ?<br>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<br>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:   |
| <b>If aggression is a primary reason for today's visit, also be certain to answer all questions under Primary Behavior Concern.</b> |  |

| <b>Aggression Towards Other Animals</b>   |  |
|---|--|
| 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<br><b>If yes, please fill out Intercat Aggression Questionnaire on the website.</b> |  |
| 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  |  |
| <b>If aggression is a primary reason for today's visit, also be certain to answer all questions under Primary Behavior Concern.</b>   |  |

**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](mailto: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](http://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: