

**FELINE BEHAVIOR INTERCAT AGGRESSION 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**

| <b>General Information</b> |  |
|----------------------------|--|
| Owner's Name               |  |
| Cat's Name                 |  |

**Instructions**

- This form is to be completed in addition to the behavior consultation new consult feline questionnaire to provide additional information regarding inter-cat aggression.

| <b>List all the cats in the house:</b> |        |                                    |   |   |
|--|--------|------------------------------------|---|---|
| Name                                   | Weight | Declawed?                          | Aggression Role (pick one, best fit)  | Check box if they will be present for the consult |
|  |        | No<br>Front declaw<br>All 4 declaw | Aggressor<br>Victim<br>Indifferent and not involved in aggression<br>Not sure |   |
|  |        | No<br>Front declaw<br>All 4 declaw | Aggressor<br>Victim<br>Indifferent and not involved in aggression<br>Not sure |   |
|  |        | No<br>Front declaw<br>All 4 declaw | Aggressor<br>Victim<br>Indifferent and not involved in aggression<br>Not sure |   |
|  |        | No<br>Front declaw<br>All 4 declaw | Aggressor<br>Victim<br>Indifferent and not involved in aggression<br>Not sure |   |
|  |        | No<br>Front declaw<br>All 4 declaw | Aggressor<br>Victim<br>Indifferent and not involved in aggression<br>Not sure |   |
|  |        | No<br>Front declaw<br>All 4 declaw | Aggressor<br>Victim<br>Indifferent and not involved in aggression<br>Not sure |   |

| <b>Home information</b>   |
|---|
| Which category best describes your home (specifically the area all cats have access)? |
| <1000 square feet   |
| 1000-1499 square feet   |
| 1500-1999 square feet   |
| 2000-2499 square feet   |
| 2500-2999 square feet   |
| over 3000 square feet   |

|   |                           |                      |                      |
|---|---------------------------|----------------------|----------------------|
| Is your home carpeted?  | Yes, throughout the house | Only a few rooms     | No carpeting in home |
| Average number of hours per 24-hour day someone is home:                                      |                           |                      |                      |
| 0-6 hours   |                           |                      |                      |
| 7-12 hours  |                           |                      |                      |
| 13-18 hours per day   |                           |                      |                      |
| 19-24 hours per day   |                           |                      |                      |
| Describe the presence of visiting/stray cats outside your home:                               |                           |                      |                      |
| None  | Rare                      | Occasional           | Common               |
|   | Once Daily                | Multiple times daily |                      |
| Check all that apply for any of your cat's reaction to visiting/stray cats outside your home: |                           |                      |                      |
| Doesn't notice  | Friendly                  | Alert                | Afraid               |
|   | Curious                   | Aggressive           |                      |
| Comments:   |                           |                      |                      |

| Aggressive Behavior   |   |
|---|---|
| <b>***Please make sure that you have filled in the primary behaviour problem section on the feline new consult questionnaire. ***</b> |   |
| How would you describe the <u>aggression</u> displayed by your household cats?  |   |
| Very serious, extreme aggression between my household cats  |   |
| Serious aggression between my household cats  |   |
| Moderately serious aggression between my household cats   |   |
| Minor aggression between my household cats  |   |
| My cats may chase and swat each other. Not serious. It is possible they are just playing.   |   |
| How many fights have occurred? _____ (Estimate the "total" number of fights)  |   |
| Have there been any bites or injuries as a result of the aggression?<br>Yes      No   | If yes, which cat(s) have caused injury?              |
|   | If yes, which cat(s) have received injury?            |
|   | How would you characterize the severity of the bites? |
| Can you tell if your cats are going to become aggressive?      Yes      No  |   |
| When did this aggression begin? Check all that apply.   |   |
| Began when first acquired, always been this way.  |   |
| My cats never used to be aggressive; my cat's behavior changed.   |   |
| My cats never used to be aggressive; their behavior changed gradually.  |   |
| The aggression occurred following an event or incident.   |   |
| How long have your cats been showing aggression toward each other?<br>(Please specify an actual or approximate date)                  |   |
| Check any changes or incidents which occurred around the time the aggression began?   |   |
| New adult living in the home  |   |
| New baby or child living in the home  |   |
| New cat living in the home  |   |
| New cat appearing outside the home  |   |
| Aggressive or reactive incident involving the cat outside home  |   |
| Any other new animal (non-cat) living in the home. Please specify below.  |   |

Remodeling or decorating  
 Construction  
 Move to a new home  
 Change in the family work or home routine  
 Traumatic event. Please specify below  
 Veterinary Visit (Please specify routine, emergency, surgical, dental)  
 No known changes or incidents occurred before the aggression began.  
 Other event or change not specified. Please describe below.

Details or description:

Are there any changes or incidents listed above which occurred in your house and you feel that the cats became more aggressive after the incident/event?    yes,    no,    not applicable,    not sure

Details or description:

**Punishment / Discipline / Corrections / Interventions**

Have you ever used any of the following for management of aggression between cats?

|                             | Never tried | Rarely | Occasionally | Daily | Multiple times per day | Comments/describe |
|-----------------------------|-------------|--------|--------------|-------|------------------------|-------------------|
| Watching/following          |             |        |              |       |                        |                   |
| Verbal reprimands/yelling   |             |        |              |       |                        |                   |
| Startle by "NO"             |             |        |              |       |                        |                   |
| Chasing                     |             |        |              |       |                        |                   |
| Hold down or restrain       |             |        |              |       |                        |                   |
| Water Sprayer/ "squirt gun" |             |        |              |       |                        |                   |
| Startle by noise            |             |        |              |       |                        |                   |
| Confine                     |             |        |              |       |                        |                   |
| Redirect with treats        |             |        |              |       |                        |                   |
| Block View                  |             |        |              |       |                        |                   |
| Let outside                 |             |        |              |       |                        |                   |
| Other? Please describe:     |             |        |              |       |                        |                   |

Describe what has been implemented to resolve you cats' aggressive interactions and the outcome:

Have any of your cats been given medication, supplements, diet or pheromones during the last 3 months. Please include all treatments which may influence behavior or mood. Include treatments given daily or occasionally.

| Medication, supplement, diet, pheromone (exact name or brand) | Strength/form (eg 10mg tab) | How often given | When started | Purpose | Which cat(s) (name) |
|---|-----------------------------|-----------------|--------------|---------|---------------------|
|   |                             |                 |              |         |                     |
|   |                             |                 |              |         |                     |
|   |                             |                 |              |         |                     |
|   |                             |                 |              |         |                     |
|   |                             |                 |              |         |                     |

| Specific Incidents   |       |  |
|--|-------|--|
| <b>Describe at least 3 specific incidents in detail (if not already described in the new consult questionnaire):</b> |       |  |
| Most significant aggressive event  | Date: |  |
| Description:   |       |  |
| Most recent aggressive event   | Date: |  |
| Description:   |       |  |
| Describe another "typical" aggressive event  | Date: |  |
| Description:   |       |  |

| <b>Individual Cat #1 Information</b>  |   |                     |                                 |
|---|---|---------------------|---------------------------------|
| <b>Please complete for each cat in the home. Complete one page per cat.</b>                                       |   |                     |                                 |
| Cat's name:   |   |                     |                                 |
| Check all that apply to describe your cat's personality:  |   |                     |                                 |
| Friendly  | Bold  | Mean                | Active                          |
| Aloof   | Independent   | Fearful             | Curious                         |
| Other. Please describe:   |   |                     |                                 |
| Does this cat go outside?   | Yes   | No                  | If yes, how many hours per day? |
| Have there been any bites or injuries as a result of the aggression?<br>Yes      No                               | If yes, which cat(s) have caused injury?              |                     |                                 |
|   | If yes, which cat(s) have received injury?            |                     |                                 |
|   | How would you characterize the severity of the bites? |                     |                                 |
| Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)           |   |                     |                                 |
|   |   |                     |                                 |
| Did this cat live with any other cats at 6 weeks of age?  | Yes   | No                  | Unknown                         |
| Which best describes the source for this cat?   |   |                     |                                 |
| Acquired from family or friend  | Breeder   |                     |                                 |
| Acquired from stranger  | Pet Store   |                     |                                 |
| Found as a stray  | Keeping a kitten born to a household cat              |                     |                                 |
| Animal shelter  | Specify:  |                     |                                 |
| Humane society  | Specify:  |                     |                                 |
| Cat rescue organization   | Specify:  |                     |                                 |
| Other   | Specify:  |                     |                                 |
|   |   |                     |                                 |
| Were any cats living in the home at the time this cat was introduced?   | Yes   | No                  | Unknown                         |
|   |   | If yes, which cats: |                                 |
| Was this cat unfriendly to other cats at the first meeting?   | Yes   | No                  | Unknown                         |
| Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats? |   |                     |                                 |
|   |   | Yes                 | No      Unknown                 |
| <b>Medical Screen:</b> Describe any current, pre-existing, or ongoing medical problems:                           |   |                     |                                 |
|   |   |                     |                                 |

**Thank you for completing this form! Please continue until you finish a form for each cat  
You have taken an important step toward resolving your pet's behavior problem!!**

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| <b>Individual Cat #2 Information</b>  |   |                     |                                 |
|---|---|---------------------|---------------------------------|
| <b>Please complete for each cat in the home. Complete one page per cat.</b>                                       |   |                     |                                 |
| Cat's name:   |   |                     |                                 |
| Check all that apply to describe your cat's personality:  |   |                     |                                 |
| Friendly  | Bold  | Mean                | Active                          |
| Aloof   | Independent   | Fearful             | Curious                         |
| Other. Please describe:   |   |                     |                                 |
| Does this cat go outside?   | Yes   | No                  | If yes, how many hours per day? |
| Have there been any bites or injuries as a result of the aggression?<br>Yes      No                               | If yes, which cat(s) have caused injury?              |                     |                                 |
|   | If yes, which cat(s) have received injury?            |                     |                                 |
|   | How would you characterize the severity of the bites? |                     |                                 |
| Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)           |   |                     |                                 |
|   |   |                     |                                 |
| Did this cat live with any other cats at 6 weeks of age?  | Yes   | No                  | Unknown                         |
| Which best describes the source for this cat?   |   |                     |                                 |
| Acquired from family or friend  | Breeder   |                     |                                 |
| Acquired from stranger  | Pet Store   |                     |                                 |
| Found as a stray  | Keeping a kitten born to a household cat              |                     |                                 |
| Animal shelter  | Specify:  |                     |                                 |
| Humane society  | Specify:  |                     |                                 |
| Cat rescue organization   | Specify:  |                     |                                 |
| Other   | Specify:  |                     |                                 |
|   |   |                     |                                 |
| Were any cats living in the home at the time this cat was introduced?   | Yes   | No                  | Unknown                         |
|   |   | If yes, which cats: |                                 |
| Was this cat unfriendly to other cats at the first meeting?   | Yes   | No                  | Unknown                         |
| Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats? |   |                     |                                 |
|   |   | Yes                 | No      Unknown                 |
| <b>Medical Screen:</b> Describe any current, pre-existing, or ongoing medical problems:                           |   |                     |                                 |
|   |   |                     |                                 |

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| <b>Individual Cat #3 Information</b>  |   |                     |                                 |
|---|---|---------------------|---------------------------------|
| <b>Please complete for each cat in the home. Complete one page per cat.</b>                                       |   |                     |                                 |
| Cat's name:   |   |                     |                                 |
| Check all that apply to describe your cat's personality:  |   |                     |                                 |
| Friendly  | Bold  | Mean                | Active                          |
| Aloof   | Independent   | Fearful             | Curious                         |
| Playful   |   |                     |                                 |
| Other. Please describe:   |   |                     |                                 |
| Does this cat go outside?   | Yes   | No                  | If yes, how many hours per day? |
| Have there been any bites or injuries as a result of the aggression?<br>Yes      No                               | If yes, which cat(s) have caused injury?              |                     |                                 |
|   | If yes, which cat(s) have received injury?            |                     |                                 |
|   | How would you characterize the severity of the bites? |                     |                                 |
| Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)           |   |                     |                                 |
|   |   |                     |                                 |
| Did this cat live with any other cats at 6 weeks of age?  | Yes   | No                  | Unknown                         |
| Which best describes the source for this cat?   |   |                     |                                 |
| Acquired from family or friend  | Breeder   |                     |                                 |
| Acquired from stranger  | Pet Store   |                     |                                 |
| Found as a stray  | Keeping a kitten born to a household cat              |                     |                                 |
| Animal shelter  | Specify:  |                     |                                 |
| Humane society  | Specify:  |                     |                                 |
| Cat rescue organization   | Specify:  |                     |                                 |
| Other   | Specify:  |                     |                                 |
| Were any cats living in the home at the time this cat was introduced?   |   | If yes, which cats: |                                 |
| Yes   | No  | Unknown             |                                 |
| Was this cat unfriendly to other cats at the first meeting?   | Yes   | No                  | Unknown                         |
| Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats? | Yes   | No                  | Unknown                         |
| <b>Medical Screen:</b> Describe any current, pre-existing, or ongoing medical problems:                           |   |                     |                                 |
|   |   |                     |                                 |

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| <b>Individual Cat #4 Information</b>  |   |                     |                                 |
|---|---|---------------------|---------------------------------|
| <b>Please complete for each cat in the home. Complete one page per cat.</b>                                       |   |                     |                                 |
| Cat's name:   |   |                     |                                 |
| Check all that apply to describe your cat's personality:  |   |                     |                                 |
| Friendly  | Bold  | Mean                | Active                          |
| Aloof   | Independent   | Fearful             | Playful                         |
| Other. Please describe:   |   |                     |                                 |
| Does this cat go outside?   | Yes   | No                  | If yes, how many hours per day? |
| Have there been any bites or injuries as a result of the aggression?<br>Yes      No                               | If yes, which cat(s) have caused injury?              |                     |                                 |
|   | If yes, which cat(s) have received injury?            |                     |                                 |
|   | How would you characterize the severity of the bites? |                     |                                 |
| Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)           |   |                     |                                 |
|   |   |                     |                                 |
| Did this cat live with any other cats at 6 weeks of age?  | Yes   | No                  | Unknown                         |
| Which best describes the source for this cat?   |   |                     |                                 |
| Acquired from family or friend  | Breeder   |                     |                                 |
| Acquired from stranger  | Pet Store   |                     |                                 |
| Found as a stray  | Keeping a kitten born to a household cat              |                     |                                 |
| Animal shelter  | Specify:  |                     |                                 |
| Humane society  | Specify:  |                     |                                 |
| Cat rescue organization   | Specify:  |                     |                                 |
| Other   | Specify:  |                     |                                 |
|   |   |                     |                                 |
| Were any cats living in the home at the time this cat was introduced?   | Yes   | No                  | Unknown                         |
|   |   | If yes, which cats: |                                 |
| Was this cat unfriendly to other cats at the first meeting?   | Yes   | No                  | Unknown                         |
| Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats? |   |                     |                                 |
|   |   | Yes                 | No      Unknown                 |
| <b>Medical Screen:</b> Describe any current, pre-existing, or ongoing medical problems:                           |   |                     |                                 |
|   |   |                     |                                 |

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