

Behavioral Medicine Clinic

The Ohio State University Veterinary Medical Center

601 Vernon L. Tharp St., Columbus, OH 43210

Main phone: **614-292-3551** Direct phone: **614-292-4655**

Email: ***OSUVET.BehaviorMedicine@osu.edu***

RETURNING VISIT BEHAVIOR QUESTIONNAIRE FOR CATS

Please complete this form and return it by email at least 3 days before your appointment.

*The return of this form is a **CRUCIAL** part of your pet's recheck appointment.*

Date/Time of appointment:

Patient Information:

Pet's name:

Breed:

Age:

Sex:

Color:

Date of birth:

Neutered/Spayed? Y / N

Owner Info:

Last name:

Street address:

City, State, ZIP:

Preferred phone:

Email:

First name:

Secondary phone:

Additional contacts:

Last name:

Preferred phone:

Email:

First name:

Secondary phone:

Current Veterinarian Information:

Dr.

Clinic Name:

Street address:

City, State, ZIP:

Phone:

Fax:

Email:

Current Pharmacy Information:

Name:

Phone:

Please have your pet's veterinary records for any visits since your last appointment with us submitted via online portal or emailed to OSUVET.BehaviorMedicine@osu.edu.

What are your goals for this recheck consultation? Please be specific.

BEHAVIORAL CONCERNS

Please list your pet’s current issues and indicate whether they are pre-existing or new since your last visit. For pre-existing issues, please note what changes there have been. For new issues, please note when the behavior started and the severity of the problem.

PRE-EXISTING PROBLEM	WORSE	IMPROVEMENT IN INTENSITY				IMPROVEMENT IN FREQUENCY			
		<25%	25% -	50% -	75% -	<25%	25% -	50% -	75% -
			50%	75%	95%		50%	75%	95%
NEW PROBLEM DESCRIPTION	DATE BEGAN	SEVERITY							
		NOT SERIOUS	FAIRLY SERIOUS	VERY SERIOUS					

Please give us detailed description(s) of recent representative events of each *current* problem. Include the location, cat's body postures, any people present, any triggers, your reaction, and the final outcome.

DATE	INCIDENT
DATE	INCIDENT
DATE	INCIDENT
DATE	INCIDENT

CHANGES TO HOUSEHOLD

Please tell us if there have been any changes in your household since your last appointment.

If any of these are upcoming, please explain in details section

CHANGE	Y	N	Details
Arrival of new household member (please list name)			
Departure or death of a household member (please list name)			
Moved to new home			
Schedule change (gained/lost job, school, etc.)			
Pet added (list name and information)			
Death or relinquishment of other pet (list name and information)			
Other (please explain)			

BEHAVIOR MEDICATIONS

Please complete the table below in regard to your pet’s current medications, dosages, and apparent effectiveness.

MEDICATION	DOSE (the mg strength)	FREQUENCY (how often you give it)	RESPONSE				SIDE EFFECTS (if any)
			WORSE	BETTER			
				<25%	25%-50%	50%-75%	

ELIMINATION BEHAVIOR

1. How many litter boxes do you have? 0 1
 2 3 4 5 6 Other:

DESCRIPTION	1	2	3	4	5	6
Open						
Covered						
Large						
Small						
Deep						
Shallow						
Liner (unscented)						
Liner (scented)						
No liner						

Type of litter	Location in house
Plain clay	
Clumping / scoopable	
Playground sand	
Sawdust / woodchips	
Newspaper - pelleted	
Shredded paper	
Paper towels	
Potting soil	
Pine shavings	
Wheat	
Deodorized	
Disposable cardboard tray	
None (empty box)	
What you can get with a coupon	
Other:	

4. How frequently is the urine or feces scooped?

5. How frequently is the litter entirely changed?

6. How frequently is the litter box washed?

7. Are deodorants such as bleach or Lysol used in the cleaning process? Yes No

8. Will the cat immediately use a freshly cleaned litter box? Yes No Unsure

9. Will the cat eliminate in the presence of other animals or people? Yes No Unsure

10. Does the cat ever vocalize while it eliminates? Yes No Unsure

11. Does the cat ever run out of the box after eliminating? Yes No Unsure

12. Does your cat ever eliminate outside the box, in the house? Yes No

If so, does he or she: Urinate Defecate Both

How do you clean up afterwards? (include product(s) used)

13. Describe, in detail, how your cat uses the litter box. For example, does he or she scratch in the litter before eliminating? Cover up feces? Scratch outside the box?

MEDICAL HISTORY

Please list any newly diagnosed medical problems and how they were treated.

DATE	DIAGNOSIS	TREATMENT (including medications and dosage)	OUTCOME

BITE HISTORY

1. Has your pet bitten since your last visit?
2. Please list the number of bites that broke skin:
3. Please list the number of bites reported to public health authorities, and to whom:
(i.e. local authorities, hospital, humane society, etc.):

CURRENT STATUS

1. Have you recently considered finding another home for this pet?
 Yes No
2. Have you recently considered euthanasia (putting your pet to sleep)?
 Yes No
3. Has someone recently recommended you euthanize your pet?
 Yes No

Has the behavioral medicine clinic helped you with your pet?

What else would you like us to know about your pet and his/her current situation?