

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**
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BEHAVIOR QUESTIONNAIRE FOR CATS

Patient Info:

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:

Who is your primary care veterinarian?

Dr.

Clinic Name:

Street address:

City, State, ZIP:

Phone:

Fax:

Email:

Please have your pet's veterinary records submitted by online portal or emailed to OSUVET.BehaviorMedicine@osu.edu.

Who referred you to us?

HOME ENVIRONMENT

Please list the people, including yourself, living in your household:

Name	Age	Pronouns	Relationship (i.e. self, spouse)	Occupation (Optional but sometimes helpful)	Average # of hours away from home per day	Quality of relationship with patient

HOME ENVIRONMENT, cont.

Please list **all** the animals in the household in the **sequence they were obtained**:

Name	Species	Breed	Sex	Neutered?	Age obtained	Age now	Quality of relationship with patient we are seeing

BEHAVIOR HISTORY

Please fill out the table below in regard to your cat’s primary behavior problems and other problems you would like addressed.

Problem – Please include dates and details of recent incidents	Age at which problem began

How have the problems progressed over time? For example, “the cat occasionally urinated on carpet at 2 years of age, but stopped using the box entirely a year later.”

Has the frequency or the intensity of the occurrence of the behavior changed since the problem started? Yes No
If so, how and when?

BACKGROUND INFORMATION

1. How long have you had your cat?
2. How old was your cat when you first acquired him/her?
3. Where did you get your cat?
4. Has this cat had other owners? Yes No If yes, how many?
5. Why was the cat given up by the previous owners?
6. Why did you acquire this cat?
7. Have you owned cats before? Yes No
8. Did you meet this cat's parents or littermates? Yes No
9. Do you know if the parents or littermates engaged in similar behaviors?
 Yes, they did/do No, they don't/haven't Don't know
10. If so, what behaviors were exhibited by whom?
11. How does your cat react to strangers?
12. How does your pet behave in veterinary offices and while being examined?

FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

Circumstance	Hide	Escape	Urinate	Defecate	Dilates pupils	Hisses	Vocalize	Puffs up (fur/tail)	Other
Cat is home with family									
Visitor enters home									
Visitor approaches / interacts with cat									
Cat is home with family but separated from family members									
Cat is home alone									
Another household cat approaches									
Household dog approaches									
At veterinary office									
At groomer's									
New object in home									
Unfamiliar animal approaches									
Loud noises									
Owner is cleaning/renovating									

AGGRESSION SCREEN FOR CATS

The following chart provides information about aggression, its intensity, and in what situations it is elicited. **For each situation listed, check your cat's worst reaction in the past.** These questions refer to situations in the past. Please do not do these things to determine your cat's reaction. If he or she has never been in a particular situation, please check "situation does not apply".

Circumstance	No aggression	Growls, swats, shows other aggressive behavior without biting	Bites (makes contact)	Situation does not apply
General Interactions				
Family member stares at cat				
Family member reaches toward or bends over cat				
Family member pets cat				
Family member hugs/kisses cat				
Family member lifts cat				
Family member approaches cat while resting				
Family member pushes/pulls cat (e.g., off furniture)				
Family member enters or leaves room cat is in				
Family member approaches/disturbs cat while eating				
Grooming				
Cat's ears or eyes are cleaned or treated				
Cat's nails are trimmed				
Cat is brushed/combed				
Interactions with other household pets				
Dog approaches cat while eating				
Another cat approaches cat while eating				
Cat encounters other cat near the litter box				
Another cat approaches/disturbs cat while resting				
Dog approaches/disturbs cat while resting				
Cat approaches another household cat who is resting				
Cat approaches another household cat who is eating				
Veterinary visits				
Cat is in the waiting room				
Veterinarian/staff member handles/examines cat				
Cat is removed from or put back in carrier				
Punishment				
Cat is verbally scolded or yelled at				
Cat is physically punished (hit)				
Response to strangers				
Unfamiliar person (adult) approaches cat				
Unfamiliar person (adult) speaks to/pets cat				
Unfamiliar child approaches or interacts with cat				
Response to infants or toddlers				
Unfamiliar person approaches/passes window while cat is indoors				
Response to unfamiliar animals				
Unfamiliar cat approaches/passes window while cat is indoors				
Unfamiliar cat approaches/interacts with cat outside				
Unfamiliar dog approaches/passes window while cat is indoors				

ENVIRONMENT

1. What type of area do you live in (Urban, suburban, etc.)?
2. What type of home do you live in (studio, apartment, house)?
3. Has your household changed since acquiring your cat? Yes No
If so, how?

DAILY SCHEDULE

1. Is your cat:
 Indoors only Outdoors only
 Primarily indoors: on average, per day, spends how many hours outside:
 Primarily outdoors: on average, per day, spends how many hours inside:
 Other, please explain:
2. Does your cat have access to the outside through a cat door? Yes No
3. If kept indoors, is your cat restricted to a specific area or room in the house? Yes No
Describe:
4. How many times do you play with toys or play games with the cat, daily (on average)?
5. How long does each play session last, on average (in minutes)?
6. Where does your pet sleep?
7. Where is your pet's favorite resting places?
8. Is your cat very active at night? Yes No
Describe:

DIET AND FEEDING

1. Who feeds your cat?
2. What do you feed your cat? (Please be specific, i.e. brand name, canned vs. dry)
3. How many meals is your cat fed each day or is he/she fed free choice?
4. How much food do you feed your cat, per day?
5. Where is your cat's food bowl?
6. Does your cat have a good appetite? Yes No
Explain:
7. What is your cat's favorite treat or human food (i.e. Pounce treats, tuna)?

ELIMINATION BEHAVIOR

PLEASE SUPPLY A MAP OF YOUR HOME INDICATING WHERE LITTER BOXES ARE LOCATED AND NOTING LOCATIONS OF INAPPROPRIATE ELIMINATIONS OUTSIDE OF BOXES, IF APPLICABLE

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

2. Please describe the litter boxes by checking all that apply per box:

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

3. What kind of litter material is used in the box(es)? (Please check all that apply and number corresponding to above description)

Box #	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)	
	Anything you can get with a coupon	
	Other:	

ELIMINATION BEHAVIOR, cont.

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 and the contents replaced:

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

1. At what age was your cat neutered/spayed (if applicable)?

Reason:

2. If your cat is not neutered has he/she ever been bred? Yes No Unsure

3. Are you planning to breed your cat? Yes No Unsure

4. Is your cat declawed? Yes No

If so, which feet? Front Back All four

Age when declawed:

5. Is your pet currently receiving flea prevention? Yes No

If so, please list the type:

6. Has your pet been on any behavioral medications in the past? Yes No

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Date	Treatment	Outcome

7. Is your pet currently on any medications? Yes No

Please list any medications/supplements you administer to your pet:

MEDICAL PROBLEMS: Please list any previously diagnosed medical problems and how they were treated.

Date	Diagnosis	Treatment (including medications and dosage)	Outcome

8. Why have you kept the cat despite its behavioral problem?

BITE HISTORY

1. If your cat has ever bitten anyone, please list the total number of bites and describe each incident:

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.):

4. Was there legal action taken against you as a result of the bite(s)?
 Yes No

5. Have you considered finding another home for this cat? Yes No

6. Have you considered euthanasia (putting your cat to sleep)? Yes No

7. Has someone recommended euthanasia before your visit here? Yes No

GOALS

What are your goals for your appointment with the Behavioral Medicine Clinic?

Anything else you would like to add about your pet's behavior?

REQUIRED FOR PATIENTS BEING EVALUATED FOR INAPPROPRIATE ELIMINATIONS:

PLEASE INCLUDE A MAP OF YOUR HOME INDICATING WHERE LITTER BOXES ARE LOCATED AND NOTING LOCATIONS OF ELIMINATIONS OUTSIDE OF BOXES, BOTH URINE AND FECES.