

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

9680 Columbia Road
Olmsted Falls, Ohio 44138

Phone: 440.334.8534

Fax: 440.235.8534

information@thebehaviorclinic.com

www.thebehaviorclinic.com

Feline Behavior Questionnaire

*All information provided is strictly confidential. Please fill out this form to the best of your knowledge. The more information you are able to provide, the easier it is to correctly diagnose and treat your pet's behavior problems.

**Please initial indicating consent that payment will be due upon rendering of services.

***Please include a recent photo of your pet and bring to the appointment.

Date:

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Family Name First Name

Address

City State Zip Code

Phone: (Home) (Work) (Mobile) (Fax)

Email

All Family Members who live at home, including yourself (Name/Age/Occupation):

Your Veterinarian's Name:

Your Veterinary Hospital's Name:

Your Vet's Address: Telephone Number: Fax Number:

Approximate Date of Last Veterinary Visit:

Have you owned a cat before? Yes ☐ No ☐ If yes, was it this breed before? Yes ☐ No ☐

Please list other current household pets: (Name/ Species (dog/cat/etc)/ Breed/ Age/ Sex/ Neuter Status)

Patient Details:

Cat's Name

Cat's Breed

Sex: Female ☐ Male ☐

Is your cat neutered? Yes ☐ No ☐ If yes, at what age was this done?

Cat's Date of Birth

Where did you get your cat?

Were you told of previous behavioral problems?

How old was your cat when you obtained him/her?

How long have you owned your cat?

Reason for obtaining this pet: How old was your cat when it was weaned?

Where was your cat raised: indoors ☐ outdoors ☐

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

What is your cat currently: indoor ☐ outdoor ☐ indoor & outdoor ☐
Check if your cat is declawed: ☐ If so: front ☐ all four ☐

Medical History:

Please give a brief medical history, including any recurring problems/treatments. Use additional sheets if needed.

Do you know anything about your cat's parents (ie. any behavioral or medical problems):

Check if your pet recently has had: blood testing ☐ urine testing ☐

When was the last de-worming?

Has your cat been treated for intestinal parasites and when?

Is your pet current on its vaccinations?

What flea and heartworm medication is your pet on?

Check if used all year round: ☐ If not, which months is it used?

Is your pet current on its vaccinations?

Has your cat been on medication for behavior at any time? Yes ☐ No ☐

If yes, please list drug and dosage:

If yes, is your pet on any medications or supplements currently- which ones:

Environment:

What type of home do you live in? House ☐ Apartment ☐ Town House/Condo ☐

Estimate of home's square footage: How many rooms:

Which rooms does your cat have access to?

Where does each family member spend most of his/her time?

What toys does your cat play with?

How often do you change the old toys for new ones?

Is a scratching post provided? Yes ☐ No ☐ If yes, describe it:

Is the post used? Often ☐ Occasionally ☐ Rarely ☐ Never ☐

***Please submit a drawn a map of your house at the consult. Include windows, doors, cat beds, perches, scratching posts, litterboxes, toys, bowls, plants, furniture, resting places, locations of conflict, sites of inappropriate elimination and any other relevant details.**

Cat Husbandry:

Please list the 5 things your pet enjoys most (foods, toys, activities, etc):

What type (wet/dry) & brand of food do you give your cat?

How much does he/she eat a day?

When was the last time you changed your cat's diet in any way and how did you change it?

When & where do you feed your cat each day?

Does your cat eat: quickly ☐ slowly ☐ Do you have to be present to eat? Yes ☐ No ☐

Does your pet eat meals or nibbles throughout the day?

Who feeds your cat?

What are your pet's favorite foods?

How often do you change the water?

Do you feel that your pet drinks an excessive amount of water?

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

How often do you clean the food & water dishes and how?

Where is the litter box located & how many are there?

What are the types, shapes & sizes of litter boxes?

How often does it empty its: bladder daily? bowels daily?

What type of litter material is used (brand, scent, clay/clump, additives)?

Do you always use the same brand? Yes ☐ No ☐

How often is the litter box(s) cleared of waste material?

How often is the litter box(s) dumped and washed (with what)?

Have you changed the litter or cleaners used (and when)?

What cleaners do you use?

Does your pet ever eliminate outside the litter box? Yes ☐ No ☐

If yes, complete the following:

Inappropriate Elimination:

How often does your cat use the litter box?

The litter box is used for: Urine only ☐ Feces only ☐ Neither ☐ Both ☐

Does your pet bury its urine?

Always ☐ Usually ☐ Occasionally ☐ Rarely ☐ Never ☐ Don't Know ☐

Does your pet bury its feces?

Always ☐ Usually ☐ Occasionally ☐ Rarely ☐ Never ☐ Don't Know ☐

Does your pet dig and scratch around the litter box? Yes ☐ No ☐

Inappropriate elimination: Urine ☐ Feces ☐ Both ☐

How often does this occur: Always ☐ Daily ☐ Weekly ☐ Monthly ☐ Other:

What time of day do you usually find it?

Have you ever witnessed this? Yes ☐ No ☐ *If yes, your reaction:*

What is the posture when depositing urine outside the box: Squatting ☐ Standing ☐

Where is the urine located: On the floor ☐ On the walls (6-8" up) ☐ Other:

List the room(s), locations within them, number of spots found in the room and other details:

Has there been a change in litter box location? Yes ☐ No ☐ *If yes, from where to where and when?*

Has there been a change in litter type? Yes ☐ No ☐ *If yes, from what to what and when?*

Interactions:

Is your cat protective around its body (stiffens, growls, scratches or bites)?

Does your pet ever show inappropriate mounting or sexual activity? Yes ☐ No ☐ *If yes, describe:*

If other cats present, how do they interact?

How does your pet behave towards familiar vs. unfamiliar animals in the home?

Do you ever see cats in your yard? Daily ☐ Weekly ☐ Monthly ☐ Never ☐

Is your cat agitated by their presence? Yes ☐ No ☐ *Describe:*

Does your cat defend its territory against these cats? Yes ☐ No ☐ N/A ☐

How does your pet react to other animals (ie. squirrels, birds, etc)?

Does your cat catch prey? Yes ☐ No ☐ *If yes, is it: Occasionally ☐ Regularly ☐*

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

What type of prey does it catch?

How does your pet behave when visitors come to your home (ie. hides, interested, aggressive)? _____

Is the behavior different between strangers and familiar people?

Is the behavior different between men, women or children?

Please list any regular visitors to the home, the purpose of the visit, frequency, cat's reaction:

24 Hour "Day In the Life":

Starting when the earliest family member gets up, detail who feeds and when, where the cat resides, when play occurs, when attention is given, when other animals interact with it, when food is actually eaten, when house is totally quiet, when it is alone and when behavior problems often occur.

4 AM:

5 AM:

6 AM:

7 AM:

8 AM:

9 AM:

10 AM:

11 AM:

12 PM:

1 PM:

2 PM:

3 PM:

4 PM:

5 PM:

6 PM:

7 PM:

8 PM:

9 PM:

10 PM:

11 PM:

12 AM:

1 AM:

2 AM:

3 AM:

Routine:

Where does your pet sleep? AM: _____ PM: _____

Does your pet ever wake you at night? Yes ☐ No ☐ *If yes, why and how often?*

Does your pet seek out high places (& where):

When does your cat go outside and for how long (summer vs. winter)?

If yes, through a cat door or controlled?

What type of fencing is used to restrain your pet?

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

Does it roam free: In a yard ☐ Out of yard ☐
Check if your pet is keen to explore on its own ☐
Check if there a specific time devoted to play or training daily ☐

Check if your pet plays games with any family members? ☐ *Please describe:*
Who initiates the play: People ☐ Pet ☐ What types of toys are involved?
Does your pet 'come' or have any tricks (describe)?
Where does your pet stay when no one is home?
How long is your pet alone daily?
What arrangements are made for your pet if away on vacation?
Check if your pet protective over any parts of his/her body (ie. ears, feet)? ☐ *If yes, where:*
Check if your pet licks or chews itself more than you would expect? ☐
Describe if you avoid grooming or other 'maintenance' work with you cat due to its behavior?

Has your household changed since acquiring your pet? Death of a pet ☐ Death of family member ☐
Illness ☐ Divorce ☐ Marriage ☐ New baby ☐ College-bound child ☐ Schedule change ☐
Pet added ☐ Other:

Aggression: **Please answer the questions below if the problem is aggression-related.**

Has your cat ever bitten/scratched a person? ☐ *If yes, did it break the skin?*
Describe the incident in detail (who/when/where/ person's response):
Check if the person required medical treatment? ☐ *If so, Hospital* ☐ Antibiotics ☐ Sutures ☐
Was the bite reported to the authorities?
Has your cat ever bitten/scratched another animal? ☐ *If so, did it break the skin?*
Describe the incident in detail (who/when/where/ people's response to the incident):
Check if the animal required medical treatment? ☐ *If so, Vet Clinic* ☐ Antibiotics ☐ Sutures ☐

Please list **types** of aggression (Growl, Swats, Scratches, Bite) with the following:

Handling/Grooming:
Petting/Hugging:
Disturbed when Resting:
Disciplining:
Taking away Objects:
Taking away Food:
With another household animal:
Other:

Please list **with whom** aggression has occurred (owner- male/female, children-age, others):

Handling/Grooming:
Petting/Hugging:
Disturbed when Resting:
Disciplining:
Taking away things:
Other:

Current Problems:

Describe what your cat is *doing* that is a problem to you?

When did it begin (month/season)?

How long has it been present?

Where does the problem occur?

With whom?

How often?

Did the onset of the problem coincide with any event/action?

How do you correct your cat when he/she misbehaves?

Other details?

Describe the most recent incident:

- time of day/date
- who was involved
- location
- where was everyone in relation to the cat
- what happened before the incident
- what did the cat do
- describe the cat's body posture
- how everyone responded
- how did the cat respond to this

Describe the second most recent incident:

- time of day/date
- who was involved
- location
- where was everyone in relation to the cat
- what happened before the incident
- what did the cat do
- describe the cat's body posture
- how everyone responded
- how did the cat respond to this

Describe the third most recent incident:

- time of day/date
- who was involved
- location
- where was everyone in relation to the cat
- what happened before the incident
- what did the cat do
- describe the cat's body posture
- how everyone responded

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

- how did the cat respond to this

How frequently does the problem occur?

times per day

times per week

times per month

times per year

Check if the problem(s) occur when you are away from home? ☐ *If not, where are you and where is the cat when it occurs?*

Describe *everything* that has been done to correct the problem(s). Include approx. dates, how long it was tried and how well your cat responded.

Is the problem getting: Better ☐ Worse ☐ No Change ☐

Do you suspect a cause?

You and Your Pet:

How would you describe your relationship with this pet?

- Adult owners (female):
- Adult owners (males):
- Children:

What are your feelings about the cat's present behavior?

- Adult owners (female):
- Adult owners (male):
- Children:
-

The following questions DO NOT mean we are recommending this.

Under what circumstances would you consider euthanasia?

Have you consider finding a new home for your cat? Yes ☐ No ☐

If yes, why have you not done so yet?

Is there anything else you would like to add about your cat and its behavior?

What other behaviors does your cat engage in that are objectionable to you?

What are your expectations for change?

Questionnaire complete by:

Date:

9680 Columbia Rd. | Olmsted Falls, OH 44138 | Phone: 440/334-8534 | Fax: 440/235-8534

Financial Policy

Thank you for choosing The Behavior Clinic, LLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. The Behavior Clinic, LLC requires payment in full prior to the beginning of your pet's exam or treatment.



Payment Options:

You can choose from:

- Cash, Check, Visa® or MasterCard®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For behavioral health care, a deposit is required. For Consultations or Recheck appointments, a \$50.00 deposit is required to begin your pet's treatment and schedule into our system. This is a non-refundable deposit if adjustments are made to the schedule within 48 hours of the scheduled consult or if there is a failed appointment. If the consultation proceeds as scheduled, this deposit will be credited to the consultation bill.

Additional Policy Information:

The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC charges \$30.00 for returned checks. There will be an additional Travel Fee (fee based on mileage traveled one way) incurred if Dr. Feltes travels to your home and the consultation did not proceed. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available to your pet.

By electronically signing below, you agree to the foregoing terms of payment:

- Client/Owner Electronic Signature
- Date
- Pet Name
- Breed

¹Subject to credit approval