



**Please complete the questionnaire and email to [vmc.behaviour@usask.ca](mailto:vmc.behaviour@usask.ca) at least four days before your scheduled appointment.**

## GENERAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Veterinary clinic: \_\_\_\_\_

Clinic's phone: \_\_\_\_\_

Clinic's email address: \_\_\_\_\_

## PET INFORMATION

Pet's name: \_\_\_\_\_

Date of birth or estimated age: \_\_\_\_\_

Breed: \_\_\_\_\_

Colour: \_\_\_\_\_

Sex: \_\_\_\_ Neutered? \_\_\_\_

At what age neutered? \_\_\_\_\_

Age at adoption: \_\_\_\_\_

Adopted from: \_\_\_\_\_

## HOME ENVIRONMENT

*This section provides general information on your cat's environment and routine*

Please list all family members, including age, their level of interaction with your cat, and how your cat responds to each family member.



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Please list all pets in the home, their species and breeds, and how your cat interacts with them. If your cat has a problem with one of your other pet's please describe below in the main problem section.

Please describe when your cat stays home alone, how long, and where.

Briefly describe where your cat sleeps (both during the day and at night).

Briefly describe your cat's feeding routine including location, times, appetite, and type of bowl.



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Do you use treats or feeding toys (e.g., Kitty Kong toys, Cat Activity Fun Board or balls)? \_\_\_\_\_ If yes, briefly describe when, and your cat's favourite treats:

Is your cat fully house trained? \_\_\_\_\_ If you answered "No," please describe where your cat is soiling and specify if urine, stools or both.

Please provide a diagram of your home and mark the locations of litter boxes and of soiling. Use L for litter box and U for urine outside the box, and S for stools outside the box. As well, please provide more details in the behaviour problem section below.



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Do you use scratching posts? \_\_\_\_\_ If yes, please describe where and types of post(s):

Do you bar your cat from certain areas in the house? If not, please describe where and why.

## INTERACTIONS

Please describe your cat's daily activities including, play, grooming and sleep:

Do you train your cat? \_\_\_\_\_ If yes, please describe:

Can you safely handle your cat (e.g., brushing, nail trimming, and administering medication)?



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Please list the commands your cat knows, and the degree of responsiveness (e.g., responds sometimes, only with treats, or always):

## YOUR CAT'S HEALTH

Does your cat have any current medical problems to your knowledge?

Do you know of any previous medical problems?

Is he/she on any current medication, herbal or homeopathic remedies? If yes, please list.



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## YOUR CAT'S MAIN BEHAVIOURAL PROBLEM

*If your cat has more than one problem, please list them all separately from the most to least concerning to you.*

Please describe the problem(s):

When did this behaviour first start? If possible, describe the first incident.



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Please describe the last incident. When did it occur?

When does the behaviour usually occur? Is it in any particular circumstances?

Do you think it is becoming more frequent, less frequent, or staying about the same?

Describe where the behaviour occurs? Is it always in the same place?

Who is usually present at the time?



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If your cat is an intact, is the behaviour related to her heat cycle?

Do any related cats (e.g., parents or siblings) have similar problems?

Have there been previous attempts to manage this problem? \_\_\_\_ If yes, please describe; including training, tools, medication, or other options:

Has any treatment method improved or aggravated the situation?





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Have you considered removing your cat from the home if the problem cannot be improved?

## REACTIVITY

Please describe briefly how your cat reacts to each of the following situations. Please indicate if you answered it above:

Familiar people (including children) arriving at the home:

Unfamiliar people (including children) arriving at the home:

Car rides:

Loud noises (e.g., thunder, fireworks, vacuum cleaner or other sudden loud sounds):



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New environments / locations:

Changes in routine:

Being left alone at home:

During veterinary visits:

How long it takes your cat to settle down once he/she reacted to any of the above situations?



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## ABNORMAL AND REPETITIVE BEHAVIOURS

*Your cat may display these behaviours in a repetitive manner and out of context. Specific behaviours may appear normal; however, it is important to consider if the duration, frequency, and intensity of the behaviour.*

Does your cat spin, circle, or chases its tail?

Does your cat lick excessively? (e.g., itself, you, surfaces or objects)

Do you see frequent lip licking, yawning, head and body shakes, stretching, tail flicking?

Does your cat follow you around the house consistently?

Does your cat spend long periods of time observing the street from the windows?

Do you notice any hallucinatory behaviours? (e.g., fly snapping or shadow chasing)

Does your cat show skin rolling and rippling along the back?



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## SHORT- AND LONG-TERM GOALS

What are your goals for your appointment?

What are your long-term expectations concerning your cat's behaviour?

## ADDITIONAL COMMENTS

*Please use the rest of this page and the following page for any additional comments that you wish to add to your questionnaire.*

ADDITIONAL COMMENTS (cont'd)

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**Veterinary Medical Centre**

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