

**FELINE BEHAVIOUR CONSULTATION QUESTIONNAIRE**  
**North Toronto Animal Clinic, 99 Henderson Ave. Thornhill, ON, L3T 2K9**  
**Dr. G. Landsberg DVM, DACVB, Dip. ECVBM-CA, Dr. S. Denenberg DVM**  
**Phone: 905-881-2752 FAX: 905-881-6726**

Please visit our website at [www.northtorontoanimalclinic.com](http://www.northtorontoanimalclinic.com) for further details on our clinic, our doctors, our location and how behaviour consultation services are managed. An online form is also available on our website; under "Word forms for computer" if you prefer to return this form by email. Completed forms must be returned at least 2 business days prior to your scheduled consultation. We have space for your pet and 3 attendees. Please bring a video or photos of your pet's problem. Please note that we are located in the Doncaster Animal Clinic as a shared facility.

To book a behaviour consultation please phone 905-881-2752.

**General Information:**

Today's date:	Date and time of consultation (if scheduled):
Name:	Email:
Address:	
City/Town:	Postal (Zip) Code:
Phone: Home: ( )	Business: ( ) ext:
Mobile/other: ( )	FAX: ( )
Veterinary Clinic:	Veterinarian's Name:
Clinic address:	City/Town: Clinic phone: ( )
Who referred you to our service?	

**Pet Information:**

Pet's Name:	Date of birth	OR Approximate Age :
Age obtained:	Weight:	
Sex: <b>Male / Female</b> Neutered? <b>Yes / No</b>	If neutered, at what age?	
Any change after neutering? <b>Yes / No</b> If yes, describe:		
Declawed? <b>Yes / No</b> Any change after declaw? <b>Yes / No</b> If yes, describe		
Breed or Description:	Colour:	
Where did you obtain this pet?		
Breeder's Name or Shelter: (if applicable):		

Describe previous home / homes (if known):

For what reason did you obtain this pet? (check all that are appropriate):

**Companion for family** ; **Breeding** ; **Companion for cat** ; **Rodent control** ; **Other**  Please describe:

Behaviour of parents or littermates (if known):

Briefly describe your cat's personality: (check all that apply)

**Friendly** ; **Bold** ; **Active** ; **Playful** ; **Aloof** ; **Independent** ; **Fearful** ; **Other**  please describe:

**The Home Environment**

List each family member living in the home (include sex and age of children):

Describe how your pet gets along with each family member including any problems:

List all other pets in the home:

Describe how your pets get along with each other:

Type of food:

Favourite food?:

Describe your cat's appetite for food: **voracious** ; **good – above average** ; **average** ; **picky** ; **poor**

When and how often is your pet fed?

Who feeds?

Type of treat(s)?

Favourite treats?

Describe your cat's interest in treats: **voracious** ; **good – above average** ; **average** ; **picky** ; **poor**

When and how often do you give treats?

Who gives treats?

List any supplements:

Do you give catnip? **Yes / No**      If yes, how often?

Cat's reaction:

Does your cat hunt? **Yes / No**      If yes, describe when and how often:

What is your cats favored prey?

What does your cat do with prey after caught?

Describe the usual daily schedule for the family

Describe the usual daily schedule for your cat (when / how often left alone)

### **Interactive play:**

List interactive games/activities your cat enjoys:

Does the cat have a favoured play time(s) **Yes / No** – If yes when?

Do you have regularly scheduled sessions of play? **Yes / No**

Describe type, length and number of exercise / play sessions with you and with which family members:

Is cat allowed outdoors: **Yes / No** If yes, is your cat supervised while outdoors: **Yes / No**

How often is your cat outdoors and for how long?

### **Object / exploratory play:** (i.e. play with toys and objects when alone / not with owners)

Favoured play toys:

Favoured play games:

Favoured play times:

Does the cat have a play center? **Yes / No**      If yes, describe:

Does your cat climb and perch? **Yes / No**      If yes, describe:

### **Sleep / resting behaviour:**

Where is your cat's favourite sleeping spot (bed) during the night?

Does your cat sleep through the night (i.e what time does it wake)?

Where is your cat's favourite sleeping spot (bed) during the day?

Has there been any recent change in your cat's sleep or resting activities? **Yes / No** If yes, describe:

**Your Cat's Home Environment:**

Describe home: **Detached house** ; **semi-detached/townhouse** ; **basement apartment** ; **apartment / highrise** ; **trailer home** ; **other** . Please describe:

How many stories? How many rooms?

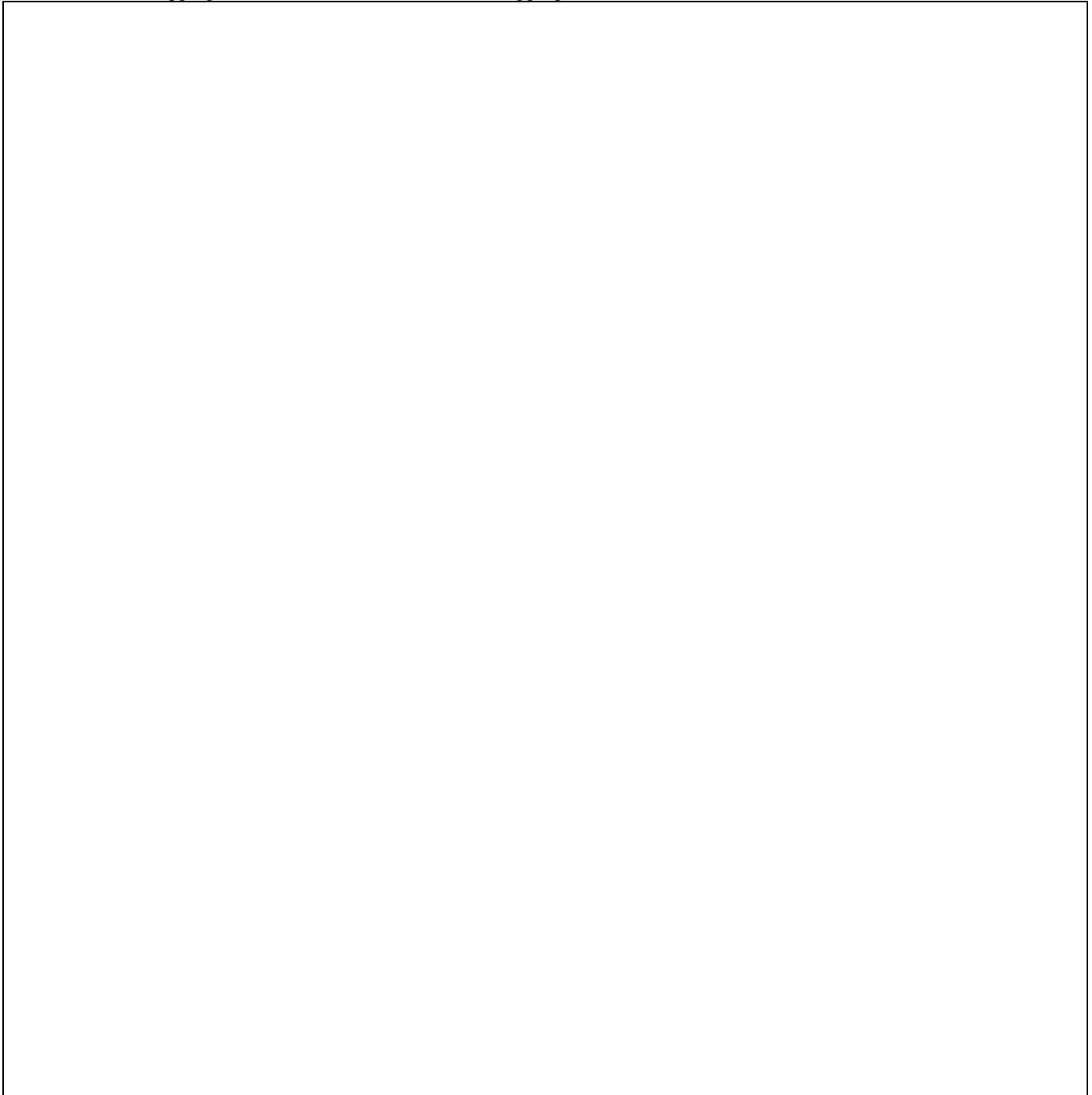
Please draw a diagram of each floor of your home using the following keys. This form is necessary for all soiling cases.

Attach a separate form for each additional floor or if more space is needed

Litter box: (**use numbers 1, 2, 3 to correspond to box locations**) **F**: Feeding **P**: Play area

**SP**: Scratching Post **D**: Site of Destructive scratching **SD**: Sleeping spots (daytime) **SN**: Sleeping spots (nighttime)

**U**: Each site of Inappropriate Urination **BM**: Each site of Inappropriate Bowel Movements



## Grooming, Scratching, and Kneading:

If your cat licks or scratches itself excessively please also complete feline skin disorder questionnaire.

Describe your cat's self grooming: **Excessive** ; **Normal** ; **Less than expected** .

When is your cat most likely to groom?

Describe situations or events that lead to increased grooming:

Describe situations or events that lead to decreased grooming:

Does your cat lick or groom: **other cats in the home** ; **people in the home** ; **objects in the home** .

If yes, describe:

Does your cat have a scratching post? **Yes / No** If yes, please describe:

Does your cat scratch any areas/objects other than its scratching post or play areas? **Yes / No**

If yes, describe:

When is your cat most likely to scratch?

Are there any situations / times when scratching increases? **Yes / No** If yes, please describe:

Does your cat knead? **Yes / No** If yes, please describe when and with whom:

Do you feel your cat's scratching, kneading, or grooming is unusual or excessive? **Yes / No**

If yes describe; (If this is your primary complaint please provide more details in the Primary Complaint Section):

## Handling: How does the cat react to the following?

Petting / stroking of head / neck area?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Petting / stroking of back / tail area?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Rubbing belly?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Brushing?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Hugging / kissing?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Being restrained on your lap?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Nail trimming?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Ear handling / cleaning?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Eye cleaning / medicating?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Bathing?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Teeth brushing?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Being lifted / carried?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Giving pills?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Giving liquid medications?

**Enjoys** ; **accepts willingly** ; **accepts reluctantly** ; **resists** ; **threat/aggression** ; **can't do** .

Describe any problems in more detail:

### **Reinforcer assessment:**

If you wanted to train / motivate your cat, what would be its favoured reward?

If you could give your cat ANY food as a reward, what would be the favourite?

List the top 5:

Other than food, what rewards (e.g. toy, affection, catnip) would be most enticing to your cat?

List the top 5:

### **Training:**

Have you attempted any training with your cat? **Yes / No** If yes, describe the technique(s) used:

Has your cat been trained to respond to any commands / cues? **Yes / No** If yes, to what commands does your cat respond?

Describe your cat's learning ability:

Who does your cat respond to the best?

List any "tricks" your cat can perform:

Who trains?

Have you used a body harness on your cat: **Yes / No** If Yes, describe cat's reaction:

Are you familiar with clicker training? **Yes / No** Have you ever used a clicker for training? **Yes / No** If yes, describe:

If you wanted to get your cat's attention or to get it to come, is there a word, device, or technique (e.g. shaking a box of treats) that might be successful? **Yes / No** If yes, describe the most successful positive way to get your cat's attention:

How successful would this be? **Very** ; **usually** ; **sometimes** ; **unlikely** ; **unsuccessful**

### **Punishment / Discipline / Corrections:**

Have you ever used any of the following or punishment or training?

1. Verbal: **Yes / No** If yes, describe what type and situations when used:

Cat's reaction:

2. Physical: **Yes / No** If yes, was it a) Neck grasp b) Lifting c) Pinning d) Hitting e) Other: describe:

If yes, describe which one(s) and situation(s) when used:

Cat's reaction:

3. Devices a) Noise (Shake can / siren / ultrasonic): **Yes / No** b) Water / Citronella / Air Spray: **Yes / No**

If yes, describe which one(s) and situations when used:

Cat's reaction:

4. Time-out: **Yes / No** If yes, describe when used:

Cat's reaction:

5. Booby traps / repellents / avoidance units: **Yes / No**

If yes; describe which type and when used:

Cat's reaction:

Has any punishment been effective? **Yes / No** If yes, indicate what worked best and in what situations:

Has any punishment made the problem worse? **Yes / No** If yes, describe punishment and cat's reaction:

Does your cat respond differently to punishment from different family members? **Yes / No** If yes, describe:

## Reactivity – Indicate how your cat reacts to each of the following:

Familiar cats in home:

**Unknown** ; **Calm** ; **Playful** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Friendly** ; **Aggressive**

Unfamiliar cats in home:

**Unknown** ; **Calm** ; **Playful** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Friendly** ; **Aggressive**

Cats on property outdoors:

**Unknown** ; **Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Friendly** ; **Aggressive**

Familiar dogs:

**Unknown** ; **Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Friendly** ; **Aggressive**

Strangers:

**Unknown** ; **Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Friendly** ; **Aggressive**

Car rides:

**Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Panic** ; **Aggressive**

Noises:

**Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Panic** ; **Aggressive**

New Places:

**Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Panic** ; **Aggressive**

If fearful to noises or places describe here (or if this is the principle problem, describe fully under primary complaint):

## Fear and Anxiety:

**If fear or anxiety is the principle problem, please describe fully under primary complaint.**

Is there anything not listed above that causes your cat to become fearful, anxious or aroused? **Yes / No**

If yes describe what causes the fear / anxiety:

Describe the pet's response:

a) shyness/timidity (non-aggressive): e.g. ears back, cowering, tail tucked, retreating, hiding, **Yes / No**

b) hissing / growling / threatening but no attack **Yes / No**

c) bites / attacks but then withdraws or ceases when treat is removed **Yes / No**

d) bites / attacks / chases viciously **Yes / No**

Describe the level of fearful arousal in these situations? **Mild / Moderate / High (excessive)**

How long after exposure to these events, does it take for your cat to settle down (i.e. back to normal)?

## Aggression:

Does your cat ever display aggression to people or other animals? **Yes / No**

**If no please proceed to next section – elimination and litter information. If yes, please continue:**

Is aggression the primary reason for today's visit? **Yes / No / One of the reasons**

How would you describe the severity? **Mild** ; **Moderate** ; **Severe** .

Please indicate to which of the following your cat has or might show aggression (please check all that apply):

**family members** ; **strangers** ; **other cats in the household** ; **unfamiliar cats brought into the home** ;

**outdoor cats** ; **dogs in the household** ; **other animals**

Have you considered removing your pet from the home if the problem cannot be improved? **Yes / No**

Comment:

In what situations does your cat display aggression? Describe what precedes the behaviour and when it is most likely to arise?

Describe whether the cat appears to be a) playful  b) fearful  c) bold and assertive  d) other - describe

What do you do when your cat displays aggression?

What is the cat's response?

Has any treatment used to date been effective? **Yes / No** If yes, please describe:

Has any treatment made the problem worse? **Yes / No** If yes, please describe:

**Elimination & Litter Information:**

Does your cat ever urinate outdoors? **Yes / No** If yes, how often?  
 Does your cat ever defecate outdoors? **Yes / No** If yes, how often?  
 When indoors, does your cat use its litterbox for defecation / stools? **Always / Usually / Occasionally / No**  
 When indoors, does your cat use its litterbox for urination? **Always / Usually / Occasionally / No**  
 Where does your cat prefer to eliminate?  
 Does your cat dig/bury after eliminating? **Yes / No** Comments:  
 How often per day does your cat pass a) urine? b) Stools?  
 How often is the litterbox scooped? How often is the box emptied and cleaned?

Litter box location	Type of litter	Type of box
1.		
2.		
3.		
4.		
5.		

Indicate which of the above boxes your cat uses regularly (check all that apply): 1 ; 2 ; 3 ; 4 ; 5   
 Indicate which boxes your cat prefers (check all that apply): 1 ; 2 ; 3 ; 4 ; 5   
 Indicate which of the boxes seldom or never uses (check all that apply): 1 ; 2 ; 3 ; 4 ; 5   
 Does your cat have a litter preference? **Yes / No** If yes, which one(s):  
 If you have more than one cat, do they tend to use different litter boxes? **Yes / No** If yes, what are their preferences:

**ELIMINATION PROBLEM QUESTIONNAIRE**

Does your cat have a problem with inappropriate elimination (housesoiling / marking)? **Yes / No**  
**If NO please proceed to next section – feline skin disorders. If yes, please continue:**  
 Is elimination the primary problem for today’s visit? **Yes / No** Describe the severity? **Mild** ; **Moderate** ; **Severe** .  
 What type of litter does your cat prefer?

List types of litter that you have tried?	Indicate cat’s response: Check all that apply
	Uses readily <input type="checkbox"/> ; Uses but not a favourite <input type="checkbox"/> ; Avoids <input type="checkbox"/>
	Uses readily <input type="checkbox"/> ; Uses but not a favourite <input type="checkbox"/> ; Avoids <input type="checkbox"/>
	Uses readily <input type="checkbox"/> ; Uses but not a favourite <input type="checkbox"/> ; Avoids <input type="checkbox"/>
	Uses readily <input type="checkbox"/> ; Uses but not a favourite <input type="checkbox"/> ; Avoids <input type="checkbox"/>

Have you tried litter with deodorant? **Yes / No** If yes, describe cat’s reaction:  
 Have you tried different depths of litter? **Yes / No** If yes, describe cat’s response:  
 Have you tried different types of litterboxes? **Yes / No** If yes, describe response:  
 What type of box (size, hood etc) does your cat prefer?

Locations soiled	Surface type	Urine, stool or both	When / How often?

Is there one specific location where your cat prefers to soil?  
 Does your cat housesoil with stools? **Yes / No** If yes, how often?  
 What percentage of stools is outside the litter box?  
 Does your cat urinate outside the litter box? **Yes / No** If yes, how often?  
 What percentage of urine is outside the litter box?

Does your cat ever use its litter box while you are watching? **Yes / No**

Is there a particular surface / texture on which your cat prefers to soil? **Yes / No** **If yes, Urine** ; **Stools**; **Both**

If yes, describe:

Are there any surface types where your cat will not soil? **Yes / No** **If yes, Urine** ; **Stools**; **Both**

If yes, indicate surface types:

Is there a particular room, location or object where your cat prefers to soil? **Yes / No** **If yes, a) Urine**  **b) Stools**  **Both**

If yes, describe:

Is there a particular room or location where your cat will not soil? **Yes / No** **If yes, a) Urine**  **b) Stools**  **Both**

If yes, indicate where:

If your cat soils with stools when and where does it occur most often?

If your cat soils with urine when and where does it occur most often?

Have you ever observed the cat soil outside the litterbox? **Yes / No** If yes, what did you do and what is your cat's reaction?

Can you think of any pattern (seasons, days of the week, events) when the problems is most likely to arise?

Is there a particular time of day when the problem is most likely?

Was your pet ever completely "litter trained"? **Yes / No** If yes, at what age was the cat fully trained?

Do changes (moving, new furniture, vacations) dramatically affect your cat? **Yes / No**

If yes, describe:

Describe your pets stools (check all that apply)

**Normal** ; **Constipation** ; **Less frequent** ; **More frequent** ; **Soft/diarrhea**  **Straining / Discomfort**

Does your pet have any other medical problems of the intestinal tract or in the stools? **Yes / No** If yes, describe:

Describe your pet's urine (check all that apply):

**Normal** ; **Infrequent** ; **More frequent** ; **More volume**  **Straining – Discomfort - Small amounts**

Has your cat had any other medical problems of the urinary tract or in the urine? **Yes / No** If yes, describe:

Is there a change in drinking? **Yes / No** If yes, describe:

Is there an increase in appetite? **Yes / No** If yes, describe:

What age was your pet when this problem started?

Describe the first incident:

Were there any changes in the household when the problem began?

Were there any changes associated with the litter or litterbox, when the problem began?

What do you think caused the problem?

What has been done so far (other than drugs) to try and correct the problem and how did the cat respond?

List any techniques that have been at all successful:

List any techniques that have made the problem worse:

List any drugs or pheromones tried so far and the cat's response to the medication (efficacy, side effects):

## FELINE SKIN DISORDERS

Does your cat have any problems with overgrooming, rippling skin, excessive scratching or hair loss? **Yes / No**  
**If NO please proceed to next section – Primary Complaint. If yes, please continue:**

Is a skin disorder the primary reason for today's visit? **Yes / No**

How would you describe the severity? **Mild** ; **Moderate** ; **Severe** .

Describe the problem:

When did the problem first begin? (cat's age, time of year, etc.)

Were there any changes in the household, which may have occurred just before the problem began?

Were there any changes in the cat's health or any other physical or behavioural changes when the problem began?

Has the severity, frequency, pattern or type of hair loss changed since the problem first arose? **Yes / No / Uncertain**  
If yes, please describe:

Is there a particular event that is most likely to cause or aggravate the problem?

Is there a particular time of month or time of year that the problem gets worse or begins to improve?

Is the behaviour more likely to occur when you are (check all that apply)

At home but out of the room ; at home when in the room ; away from home

What has been done so far to try and correct the problem?

What was the cat's response?

List any techniques that have been at all successful:

List any techniques that have made the problem worse:

List any drugs tried so far, and the cat's response to medication (improvement / side effects):

Do any pets in your household go outdoors? **Yes / No**

If yes, which ones?

Do any other pets in the household have any skin problems? **Yes / No**

If yes, please describe:

Have any other family members or friends developed skin problems? **Yes / No**

If yes, please describe:

**PRIMARY COMPLAINT:**

(It is not necessary to duplicate previous answers e.g. for elimination or skin disorders)

What is the primary problem?

**Aggression** ; **soiling – horizontal surfaces** ; **marking – vertical surfaces** ; **scratching** ; **vocalization** ; **fear / anxiety** ; **other** . If other please describe:

How would you describe the severity of this problem? **Mild** ; **Moderate** ; **Severe** .

Have you considered removing your pet from the home if the problem cannot be improved? **Yes / No** Comment:

*The following questions are required to evaluate the details of your pet's problem(s). If any of these questions have been already been answered in previous sections, please proceed to the next question.*

When did the problem begin?

What age was your pet when this problem started?

Describe any changes in the home or the pet's health when the problem first started: **Yes / No**

If yes, describe:

Were there any changes in the home or family when the problem first started? **Yes / No**

If yes, describe:

What do you think caused the problem?

Describe the problem, beginning with the most recent incident:

Describe the first incident and any other pertinent incidents:

How often does the problem occur?

Has there been a recent change in frequency or severity? **Yes / No**

If yes, describe:

What has been done so far to try and correct the problem?

What has been the cat's response?

List any techniques that have been at all successful:

List any techniques that have made the problem worse:

List any drugs (include dosage) tried so far and how they affected the cat (improvement, side effects):

List any other dietary treatments, supplements, or remedies and how they affected the cat (improvement, side effects):

**Miscellaneous:**

**Describe your pet in the following categories. If undesirable, please comment unless previously discussed:**  
Exploratory: **Unknown** ; **normal** ; **infrequent** ; **increased** ; **excessive** .

Comment:

Activity: **Unknown** ; **normal** ; **overactive** ; **highly active** ; **restless** ; **lazy / inactive** .

Comment:

Sleep: **Unknown** ; **normal** ; **increased** ; **decreased** ; **less frequent** ; **restless** ; **night waking**

If any problems, describe:

Disobedient:

Jumps on counters: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

On furniture where not allowed: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

Climbing: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

In rooms where not permitted: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

Nips / grabs with mouth / play bite: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

Scratches people: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

Destructive chewing: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

Digging: **No** ; **Yes – but not a concern** ; **Yes – would like to improve** .

Scratching objects / furniture: **No** ; **Yes – but not a concern** ; **Yes – would like to improve**

If yes to any of above, please describe:

Interaction with owners: **Affectionate** ; **over affectionate / demanding** ; **minimal / little interest** ; **avoids affection** .

If the level of affection is undesirable, please describe:

Hunting/predation/chasing: **Yes / No** If Yes, Describe:

Repetitive / compulsive activities: Tail chasing: **Yes / No** ; Sucking: **Yes / No** ; Staring / gazing: **Yes / No** ;

Light chasing: **Yes / No** ; Other:

If Yes, to any of above, describe:

Grooming: **Normal** ; **Excessive grooming / licking** ; **self-injurious** .

If abnormal or excessive describe:

Sexual habits:

Masturbation: **No** ; **Yes – but not a concern** ; **Yes – would like to improve**

Mounting: **No** ; **Yes – but not a concern** ; **Yes – would like to improve**

Roaming / running away: **No** ; **Yes – but not a concern** ; **Yes – would like to improve**

Describe any undesirable sexual habits:

Additional problems or comments:

**MEDICAL SCREEN:**

**Please have your veterinarian submit any recent laboratory tests and complete the medical questionnaire on our website and return prior to your consultation.**

Does your pet have any medical problems? **Yes / No** If yes, describe:

Is your pet presently on any medication? **Yes / No** If yes, list drug and dose:

Has your pet had any laboratory tests (blood, urine, X-rays etc.)? **Yes / No** If yes, indicate any abnormal findings:

Has there been any recent increase, decrease or change in **a) Drinking**  **b) Appetite**  **c) Urination**  **d) Defecation**

If yes, describe:

Does your pet have arthritis or other pain? **Yes / No** If yes, describe:

Have you noticed any deficits in your pet's senses? **Yes / No** If yes, describe: