

Brooklyn Park Pet Hospital

Feline Behavior Questionnaire

Today's Date: Month/Day/Year _____

Owner Information:

Last Name: _____ First Name: _____

Contact Number: (____) _____

E-mail: _____

Household: Number of Adults: Female: ____ Male: ____

Number of Children: Girls: ____ Ages: _____ Boys: ____ Ages: _____

Who is the primary caretaker of the cat? _____

Pet Information:

Pet's Name: _____ Breed: _____ Color: _____

Current Age: _____ Date of Birth: _____

Sex: _____ Age Neutered: _____

Other Pets:

Number of Other Cats: ____

Please List Name/Breed/Age/Sex:

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

Number of Other Animals: _____

Please List Name & Species:

#1 _____

#2 _____

#3 _____

Background Information:

Age Obtained: _____

Pet's Origin: (Breeder/Rescue/Friend/Family?) _____

If obtained as a kitten, how was the kitten raised? (Indoor only/Outdoor loose/Other)

If previously owned, what primary purpose was the cat kept? (Adult's pet/Family pet/Child's pet>Show cat/Breeding/Other)

How would you generally describe the cat's temperament?
(Friendly/Aloof/Anxious/Shy/Hyper-excitable/Fearful/Aggressive)

Is your cat declawed? Yes/No _____ If yes: Front only? _____ All four? _____

At what age? _____

What type of discipline has been used with the cat? (None/Verbal
Reprimand/Physical/Startling/Time Out/Other)

Has your cat ever scratched you or another person? _____

Has your cat ever bitten you or another? _____ Broken the skin? _____

Medical Information:

List any previous medical conditions prior to coming a Brooklyn Park Pet Hospital Patient:

List current or relevant medications and/or supplements used and the doses:

Diet Information:

Food (Brand/Type): _____

Treats (Brand/Type): _____

Is the cat free fed or meal fed? _____

Does the cat finish the food at each meal or the end of the day? _____

Frequency of meals? _____ /per day

Number of dishes with food? _____ Number of dishes with water? _____

Where is the cat's food bowl and water? (room/& near what) _____

Daily Schedule:

How many hours is the cat left alone per week-day? _____ Weekends? _____

Where is the cat when left alone? _____

Where does the cat sleep at night? _____

Have there been any major changes in your cat's environment/schedule? _____

When and what kind of changes? _____

How may have the changes impacted your cat? _____

Litter Box Information:

Number of litter boxes? _____ Type of boxes? (Open/Covered/Varies) _____

Location of boxes? (rooms: living room/laundry room/spare room/bathroom/closet/hallway/basement/kitchen)

Type/Brand of litter? (clumping/clay/shavings/newspaper/sand/other) _____

Is litter scented or deodorized? _____

Liners used? _____

How often is the box scooped? (daily/weekly) _____

How often is the box washed? _____

What type of cleaner do you use to wash the box? _____

Primary Behavior Complaint: _____

Please give a brief summary to the problem: _____

What age did this problem begin? _____

How often does this problem happen? (daily/weekly/monthly) _____

How severe is the problem? (Serious/Not Serious) _____

What actions have you taken to stop the problem? _____

Secondary Behavior Complaint: _____

Brief Summary: _____

What age did this problem begin? _____

How often does this problem happen? (daily/weekly/monthly) _____

How severe is the problem? (Serious/Not Serious) _____

What actions have you taken to stop the problem? _____

Have you ever considered euthanasia or giving your pet up because of this problem? _____