

PERMISSION TO EVALUATE AND TREAT

Permission to evaluate and treat cats and dogs for behavioral complaints, concerns, problems and pathologies

A history form (provided) will need to be completed before we can evaluate your cat/dog. The information you provide on this form and during the appointment is considered confidential. Please keep a copy of the history form for your own records.

If you have had any behavioral evaluations or physical/laboratory exams done elsewhere it would be helpful if we had a copy before your appointment.

You may also be asked to provide a video and/or photos of your dog or cat. We request these because it is the best way to see the behaviors that concern you within the context of everyday life. The video should:

- Show the behavior(s) about which you are concerned, excepting any injurious behavior
- Give a brief tour of the dog's or cat's environment (house/apartment and yard)
- Show any other relevant facets of the patient's life (e.g., where your dog or cat sleeps, sits, eats, drinks, walks, plays, interaction with other animals, et cetera)

If aggression with injury is one of the complaints, ***please do not provide a video of the cat or dog biting someone, and do not put the cat or dog in a situation where any aggression may be provoked.*** If aggression is a concern, other behaviors will be indicative of it.

Videos and/or photos may also be taken during the appointment. Any videos/photos used to evaluate the patient become part of the record and may be used anonymously in all modes of teaching (including teaching staff or other clients) and/or research.

The appointment will start with your dog on a lead and/or your cat on a lead and harness or in a carrier. Further management of all interactions with humans and/or other animals is at the discretion of the clinician. This policy helps to keep everyone as safe as possible and distress the patient as little as possible.

Behavior appointments can be lengthy and the amount of time we schedule for the initial appointment and the plan for the appointment(s) will be explained when you schedule the appointment. By completing these forms and signing below, you give permission for us to evaluate, assess, formulate a treatment plan, and treat your cat or dog. You will receive a written copy of the discharge instructions and treatment plan, and we encourage you to comply with our recommendations and to ask questions at any time.

The evaluation, assessment, and treatment plan do not represent a guarantee of successful treatment. Few behavioral problems are truly cured, and responsible management is a factor for every patient.

If your dog or cat is aggressive, you should know the following:

- Any animal who is aggressive for any reason can do serious damage and harm.
- Special precautions must be taken to ensure that everyone is safe. These precautions may include some form of confinement (e.g., gates, crates) or the use of leads, harnesses, head collars, and/or muzzles.
- Proof of current rabies vaccination, where required by law, should accompany your completed history forms.
- Seeking treatment for a behavioral problem and/or treating a behavioral problem is not a substitute for adherence to local laws.
- Owning a cat and/or dog carries with it responsibilities, including responsibility/potential liability for any damage the dog and/or cat does to people or property. This responsibility is not changed/transferred by seeking behavioral help.
- Problems involving pathological behaviors, including aggression, are never cured but they can be well treated and managed, to the point where the dog or cat lives a happy, safe life. Failure to manage and treat these problems may lead to euthanasia. Even as a last resort, the death of a pet is an outcome that everyone would seek to avoid, if at all possible.

The point of this appointment is to provide humane care that allows your dog or cat to live a long and happy life.

If you have any questions about this form or this history form, please ask. Clear communication helps produce the best outcomes.

Name of person responsible for the cat and/or dog: _____

Signature: _____

Date: _____

Survey questionnaire about general cat behaviors—to be used at all visits:

1. Client(s):	2a. Today's date: ____/____/____ 2b. Cat's date of birth: ____/____/____ <input type="checkbox"/> Estimated <input type="checkbox"/> Known
3. Patient's name:	4a. Breed: _____ 4b. Weight: _____ lb/_____ kg 4c. Sex: <input type="checkbox"/> M <input type="checkbox"/> MC <input type="checkbox"/> F <input type="checkbox"/> FS 4d. If your cat is castrated or spayed [neutered], at what age was this done? _____ weeks/months (circle)
5a. Age in weeks at which your cat was adopted? 5b. How many owners has your cat had? 5c. How long have you had this cat?	a. _____ weeks/months (circle) b. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/> Unknown c. _____ months
6a. Is your cat (please circle): a. Indoor, only b. Outdoor, only c. Indoor/outdoor	6b. How many litterboxes does your cat have: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ 6c. What types of litter do you use? 6d. How often do you change the litterbox completely? _____ times weekly/monthly (circle) 6e. How often do you scoop the box? _____ times daily/weekly (circle)
7a. Does your cat leave urine or feces outside the litterbox? 7b. Does your cat "spray"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If you answered yes, a. Urine—Where specifically? b. Feces—Where specifically? c. Both—Where specifically? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If you answered yes, where specifically?
8. Do you have any concerns, complaints, or problems with urination in the house now?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, (a) Where is the cat urinating that you find undesirable (list all areas)? (b) How many times per week is the cat urinating in places you find undesirable? (c) At what time of day is the urination occurring? (d) Is the pattern different on days when you are home and days you are not home? (e) Are you at work during the hours when the cat urinates? (f) How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable?
9. Do you have any concerns, complaints, or problems with defecation in the house now?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, (a) Where is the cat defecating that you find undesirable (list all areas)? (b) How many times per week is the cat defecating in places you find undesirable? (c) At what time of day is the defecation occurring?

	<p>(d) Is the pattern different on days when you are home and days you are not home?</p> <p>(e) Are you at work during the hours when the cat defecates?</p> <p>(f) How many times per day does your cat usually defecate when he or she is not defecating in places you find undesirable?</p>															
<p>10. Does your cat destroy any objects or anything else by chewing, sucking, or eliminating on them (e.g., furniture, rugs, clothes, et cetera) now?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, what objects specifically does the cat destroy? Please list all of them and note which are destroyed when you are home or not home—please note if they destroy at both times—tick both columns:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Object</th><th style="width: 20%;">When home</th><th style="width: 20%;">When gone</th></tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Object	When home	When gone		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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<p>11. Does your cat mouth, bite, suck, or nip anything or anyone?</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, to whom is this behavior directed?</p> <p>b. Is this a problem for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<p>12. Does your cat exhibit any vocalization about which you are concerned?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, what is/are the vocalization(s) and when do they occur:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Vocalization</th><th style="width: 60%;">Situation in which it occurs</th></tr> </thead> <tbody> <tr><td>a. Yowling</td><td> </td></tr> <tr><td>b. Growling</td><td> </td></tr> <tr><td>c. Meowing</td><td> </td></tr> <tr><td>d. Hissing</td><td> </td></tr> </tbody> </table>	Vocalization	Situation in which it occurs	a. Yowling		b. Growling		c. Meowing		d. Hissing						
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<p>13. Does your cat show any signs of hissing, growling, or biting?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, what does the cat do and when does he or she do it?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Sign</th><th style="width: 60%;">Situation in which it occurs</th></tr> </thead> <tbody> <tr><td>a. Hissing</td><td> </td></tr> <tr><td>b. Growling</td><td> </td></tr> <tr><td>c. Biting</td><td> </td></tr> </tbody> </table>	Sign	Situation in which it occurs	a. Hissing		b. Growling		c. Biting								
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<p>14. Have you ever been concerned that your cat is "aggressive" to people?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, why?</p>															
<p>15. Have you ever been concerned that your cat is "aggressive" to cats?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, why?</p>															
<p>16. Have you ever been concerned that your cat is "aggressive" to animals other than cats?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, why?</p>															
<p>Does your cat hunt or prey on other animals?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, which animals and where?</p>															

17. Has your cat ever bitten or clawed anyone, regardless of the circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what happened?
18. Has your cat had any changes in sleep habits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what are these changes?
19. Has your cat had any changes in eating habits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what changes have occurred?
20. Has your cat had any changes in locomotor behaviors or the ability to get around or jump on the bed, et cetera?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what changes have occurred?
21. Has anyone ever told you that they were afraid of your cat?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what did they say?
22. Has anyone every told you that your cat was ill-mannered?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, why—what did the cat do that made them say this?
23. Do you have any concerns about your cat's grooming behaviors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, a. Little to no grooming b. Sucking c. Chewing d. Licking e. Self-mutilation/sores f. Barbering/trimming g. Plucking out clumps of hair
24. Is the cat exhibiting any behaviors about which you are concerned, worried, or would like more information?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please list these behaviors below:

BASIC HISTORY QUESTIONNAIRE—CATS

Basic history questionnaire—Cats

The questionnaire that follows focuses on all aspects of your cat's behavior and health issues that could contribute to any behavioral concerns. To interpret this information in the most detailed possible light, it would be helpful for you to list your cat's weight and your cat's body condition score. If you do not know your cat's body condition score, please go to the websites listed to see the scoring systems routinely used.

Cat's weight: _____ kg or _____ lb

Body condition score/BCS: _____

www.pet-slimmers.com/shapecat.htm

www.purina.com/cat/weight-control/bodycondition.aspx

Please complete the pages below as accurately as possible.

1. Client(s):	2a. Today's date: ____/____/____ 2b. Cat's date of birth: ____/____/____ <input type="checkbox"/> Estimated <input type="checkbox"/> Known
3. Patient's name:	4a. Breed: _____ 4b. Weight: _____ lb/ _____ kg 4c. Sex: <input type="checkbox"/> M <input type="checkbox"/> MC <input type="checkbox"/> F <input type="checkbox"/> FS 4d. If your cat is castrated or spayed [neutered] at what age was this done? _____ weeks / months (circle)
5a. Age in weeks at which your cat was adopted? 5b. How many owners has your cat had? 5c. How long have you had this cat? 5d. Where did you get this cat?	a. _____ weeks/months (circle) b. 0 1 2 3 4 5+ unknown c. _____ months d. 1. Serious show breeder 2. Breeder who doesn't show 3. Found 4. SPCA/Humane Society 5. Found (or cat found you) 6. Friend 7. Bred from one of your cats 8. Other—please specify: _____
6a. Is your cat (please circle): a. Indoor, only b. Outdoor, only c. Indoor/outdoor	6b. How many litterboxes does your cat have: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ 6c. What types of litter do you use? _____ 6d. How often do you change the litterbox completely? _____ times weekly/monthly (circle) 6e. How often do you scoop the box? _____ times daily/weekly (circle)
7a. Does your cat leave urine or feces outside the litterbox? 7b. Does your cat spray?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If you answered yes, a. Urine—where specifically? b. Feces—where specifically? c. Both—where specifically? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If you answered yes, where specifically?
8. Do you have any concerns, complaints, or problems with urination in the house now?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, (a) Where is the cat urinating that you find undesirable (list all areas)? _____ _____ _____ (b) How many times per week is the cat urinating in places you find undesirable?

	<p>(c) At what time of day is the urination occurring?</p> <p>(d) Is the pattern different on days when you are home and days you are not home?</p> <p>(e) Are you at work during the hours when the cat urinates?</p> <p>(f) How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable?</p>															
<p>9. Do you have any concerns, complaints, or problems with defecation in the house now?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes,</p> <p>(a) Where is the cat defecating that you find undesirable (list all areas)? _____</p> <p>_____</p> <p>(b) How many times per week is the cat defecating in places you find undesirable?</p> <p>(c) At what time of day is the defecation occurring?</p> <p>(d) Is the pattern different on days when you are home and days you are not home?</p> <p>(e) Are you at work during the hours when the cat defecates?</p> <p>(f) How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable?</p>															
<p>10. Did your cat destroy any objects while teething?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If you answered yes, what objects specifically did the cat destroy? Please list all of them and note which, if any, you had given the cat as toys or to play with by putting a * next to them.</p>															
<p>11. Does your cat destroy any objects or anything else by chewing, sucking, or eliminating on them (e.g., furniture, rugs, clothes, et cetera) now?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, what objects specifically does the cat destroy? Please list all of them and note which are destroyed when you are home or not home—please note if they destroy at both times—tick both columns:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Object</th><th style="width: 15%;">When home</th><th style="width: 15%;">When gone</th></tr> </thead> <tbody> <tr> <td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Object	When home	When gone		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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<p>12. Does your cat mouth, bite, suck, or nip anything or anyone?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If you answered yes, what or whom does the cat mouth?</p> <p>b. If you answered yes, does the cat: bite, suck, mouth, nip, lick, or chew? (Please circle)</p> <p>c. Is this a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
<p>13. Does your cat exhibit any vocalization about which you are concerned?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, what is/are the vocalization(s) and when do they occur?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Vocalization</th><th style="width: 60%;">Situation in which it occurs</th></tr> </thead> <tbody> <tr> <td>a. Yowling/'barking'</td><td> </td></tr> <tr> <td>b. Growling</td><td> </td></tr> <tr> <td>c. Howling</td><td> </td></tr> <tr> <td>d. Hissing</td><td> </td></tr> <tr> <td>e. Other—please specify:</td><td> </td></tr> </tbody> </table>	Vocalization	Situation in which it occurs	a. Yowling/'barking'		b. Growling		c. Howling		d. Hissing		e. Other—please specify:				
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a. Yowling/'barking'																
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e. Other—please specify:																

14. Does your cat show any signs of growling, yowling, hissing, or biting?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what is/are the sign(s) and when do they occur?	
	Sign	Situation in which it occurs
	a. Yowling	
	b. Growling	
	c. Hissing	
d. Biting		
15. Have you ever been concerned that your cat is "aggressive" to people?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, why?	
16. Have you ever been concerned that your cat is "aggressive" to cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, why?	
17. Have you ever been concerned that your cat is "aggressive" to animals other than cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, why?	
18. Does your cat hunt or prey on other animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, which animals and where?	
19. Has your cat ever bitten or clawed anyone, regardless of the circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what happened?	
20. Has your cat had any changes in sleep habits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what are these, specifically?	
21. Has your cat had any changes in eating habits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what are these, specifically?	
22. Has your cat had any changes in locomotory behaviors or ability to get around or jump on the bed, et cetera?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what are these, specifically?	
23. Has anyone ever told you that they were afraid of your cat?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, what did they say?	
24. Has anyone ever told you that your cat was ill-mannered?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, why? What did the cat do that made them say this?	
25. Do you have any concerns about your cat's grooming behaviors?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, a. Little to no grooming b. Sucking c. Chewing d. Licking e. Self-mutilation/sores f. Barbering/trimming g. Plucking out clumps of hair	
26. Is the cat exhibiting any behaviors about which you are concerned, worried, or would like more information?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please list these behaviors below:	

27. Please list the people, including yourself, currently living in the household now.

NAME	SEX	AGE	RELATIONSHIP (Self, husband, wife, mother-in-law, etc.)	OCCUPATION
1.			SELF *	
2.				
3.				
4.				
5.				
6.				
7.				

* Self means the person completing questionnaire.

28. Please list all the animals (include all pets, even non-cats) in the household.

Name	Order obtained	Type/Breed	Sex: M MC F FS	Age obtained in months	Age now in months	Any medical illness?	Any behavioral illness?
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. If any of these pets have been identified as having a medical problem, please specify what the problem is:

30. If any of these pets have been identified as having a behavioral problem, please specify what the problem is:

31. Please describe, in detail, how you prepare to leave the house when the cat will be left alone. Do you ignore the cat, do you seek him or her out and say goodbye, do you make a fuss, et cetera? _____

32. What does your cat do as you prepare to leave? _____

33. Please list your cat's behavioral concerns and let us know how much of a problem you consider the behavior.

Complaint #	Specific complaint/problem	Very serious?	Serious?	Not serious?
1				
2				
3				
4				
5				

For the complaints numbered above, please estimate the frequency of occurrence of the undesirable behavior:

Complaint 1: Percent of time that animal is in situation and during which undesirable behavior occurs: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100%	Complaint 2: Percent of time that animal is in situation and during which undesirable behavior occurs: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100%
Complaint 3: Percent of time that animal is in situation and during which undesirable behavior occurs: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100%	Complaint 4: Percent of time that animal is in situation and during which undesirable behavior occurs: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100%

Complaint 5: Percent of time that animal is in situation and during which undesirable behavior occurs:	
<input type="checkbox"/> Daily	<input type="checkbox"/> Less than 25%
<input type="checkbox"/> Weekly	<input type="checkbox"/> 25%-50%
<input type="checkbox"/> Monthly	<input type="checkbox"/> 51%-75%
	<input type="checkbox"/> 76%-100%

Please describe the last three or four events in which you felt that your pet's behavior was problematic. Please include the relevant circumstances and what your response was. You can append additional sheets, if you wish.

34. If your pet has what you perceive to be a problem, why have you kept the pet despite this problem?

- | | | |
|--|------------------------------|-----------------------------|
| 35. Are you concerned that you may have caused the problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Do you feel guilty about this problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37. Have you considered finding another home for this pet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38. Have you considered euthanasia (putting your cat 'down'/to 'sleep')? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

On the issue of biting:

- | | | | | | | | |
|---|---|---|---|---|---|---|----|
| 39. How many total bites has your cat inflicted on any human ? | 0 | 1 | 2 | 3 | 4 | 5 | >5 |
| 40. How many bites to humans broke the skin? | 0 | 1 | 2 | 3 | 4 | 5 | >5 |
| 41. How many bites to humans were reported, and to whom?
(i.e., local authorities, hospital, Humane Society, et cetera.) Number reported: | 0 | 1 | 2 | 3 | 4 | 5 | >5 |
| Reported to: | | | | | | | |

- | | | | | | | | |
|--|------------------------------|-----------------------------|---|---|---|---|----|
| 42. Was there legal action taken as a result of any bite to humans ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| 43. How many total bites has your cat inflicted on any cat/dog/other animal ? | 0 | 1 | 2 | 3 | 4 | 5 | >5 |
| 44. How many bites to cats/dogs/other animals broke the skin? | 0 | 1 | 2 | 3 | 4 | 5 | >5 |
| 45. How many bites to cats/dogs/other animals were reported, and to whom?
(i.e., local authorities, hospital, Humane Society, et cetera.) Number reported: | 0 | 1 | 2 | 3 | 4 | 5 | >5 |
| Reported to: | | | | | | | |

- | | | |
|---|------------------------------|-----------------------------|
| 46. Was there legal action taken as a result of any bite to cats/dogs/other animals ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47. Has the frequency or the intensity of the occurrence of the behavior changed since the problem started? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, how and when? | | |

48. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.

49. Duration of problem: _____ days _____ months _____ years

50. Age of the cat when he or she first began showing signs of the problem:

51. Do you know if the parents engage in similar behaviors as presented animal?

☐ Yes, they did ☐ No, they didn't ☐ Don't know

If so, what behaviors were exhibited by whom?

52. Do you know if any littermates are engaging in same behaviors?

☐ Don't know ☐ No, they aren't ☐ Yes, they are

If so, what behaviors were exhibited by whom?

53. What are you feeding your cat and when are you feeding him/her? Please be specific. If you meal-feed, please let us know the brand names and times. If you leave out food free choice, please give us the brand name. If you give treats, what kind and when? As we learn more about potential effects of diet on behavior this information is important.

Elimination history: We know that you have already answered some questions about your cat's elimination behaviors. Here, we ask specific information that may be relevant to better understanding your cat.

1. How many litterboxes are available for the cat(s)? _____	Box 1	Box 2	Box 3	Box 4
2. Is the box covered?				
3. What are the sizes of the boxes?				
4. Where are the boxes?				
5. How deep is the litter in each of the boxes?				
6. Are liners ever used?				
7. If liners are used, are they scented?				
8. List all the types of litter used for each box (names/brands, please).				
9. Are any of the litters used scented?				
10. Does the cat respond differently to any of the above styles of boxes or litters, or sizes of box and depths of litters?				
11. How frequently is the litter changed?				
12. How frequently is the litter scooped?				
13. How frequently is the litterbox washed and replaced?				
14. Are deodorants used in the cleaning process?				
15. How many cats actually share a litterbox?				

16. What does the cat do in the litterbox?: does he get in, does he stand outside, does he dig in or out, et cetera?

17. Is the cat ever allowed outside?

- a. Free access—cat door
- c. Outdoor only or primarily

- b. Indoor only or primarily
- d. Outdoor on lead, supervised, enclosed area, et cetera

18. Does the cat eliminate in the presence of other animals or people, or is the elimination behavior secret?
 - a. eliminates where no one can see
 - b. eliminates in the presence of humans or other animals
19. Will the cat immediately use a freshly cleaned litterbox?
 - a. always
 - b. sometimes
 - c. never
20. Has the cat ever had any variation in whether or not it covers its feces or urine, and is any of that variation associated with the presence or absence of any other situation or cat?
21. Does the cat ever vocalize while he or she eliminates?
 - a. always
 - b. sometimes
 - c. never
22. Will the cat spray against the back of a covered litterbox?
 - a. always
 - b. sometimes
 - c. never
23. Does your cat ever use a shower, bath tub, or tile floor for elimination?
 - a. always
 - b. sometimes
 - c. never
24. What other areas are ever used for elimination? Please provide a complete list with locations, substrate (e.g., wood floor, chair, rug, et cetera) and frequency of use.

Aggression screen for cats:

KEY: NR = No reaction; S = Stare; B = Bite; H = Hiss, howl, growl, vocalize (not purr); SW = Swat/scratch; P = Piloerect/arch/puff up; TS = Switch or twitch tail; WD = Withdraw; NA = Not applicable.

This screen can be used in three ways: (1) to note the presence or absence, at any time, of any of the behaviors; (2) to keep as a log about the baseline behavior, noting how many times the behavior occurs, given the number of times it is attempted, per unit time (i.e., per week); and (3) to keep a log about frequencies of the occurrence behaviors, given the number of times the circumstance has been encountered, during treatment so that these numbers can be compared with (2). Please note if the reaction is consistent in style, or only directed toward one person, or only present in one restricted circumstance. If using this screen only for the first use, note if the cat has been worsening in intensity or frequency in any category.

Please note: we want to know what your cat does when you routinely interact with her—if you don't know how your cat would react in the following circumstances, please do not try to find out because you may provoke the cat.

	NR	S	B	H	SW	P	TS	WD	NA
1. Take cat's food dish with food									
2. Take cat's empty food dish									
3. Take cat's water dish									
4. Take food (human) that falls on floor									
5. Take real bone									
6. Take food treat									
7. Take toy									
8. Human approaches cat while eating									
9. Another cat approaches cat while eating									
10. Human approaches cat while playing with toys									
11. Another cat approaches cat while playing with toys									
12. Dog approaches cat while eating									
13. Dog approaches cat while playing with toys									
14. Human walks past cat in doorways									
15. Human approaches/disturbs cat while sleeping									
16. Cat approaches/disturbs cat while sleeping									
17. Step over cat									
18. Push cat off bed/couch									
19. Reach toward cat									
20. Reach over head									
21. Put on harness or collar									
22. Push on shoulders or rump									
23. Pet cat when in lap									
24. Pet cat when not in lap									
25. Towel when wet									
26. Bathe cat									

	NR	S	B	H	SW	P	TS	WD	NA
27. Groom cat's head									
28. Groom cat's body									
29. Trim cat's nails									
30. Put on nail caps									
31. Stare at									
32. Stranger enters room									
33. Cat in yard—person passes									
34. Cat in yard—dog passes									
35. Dog enters room where cat is									
36. Human physically carries cat									
37. Cat in vet's office									
38. Cat in boarding kennel									
39. Cat in groomers									
40. Cat yelled at									
41. Cat physically punished—hit									
42. Squirrels, cats, small animals approach									
43. Cat sees another cat through window									
44. Cat sees squirrels, birds, dogs through window									
45. Human approaches cat who is at top of stairs									
46. Cat removed from hiding place									
47. Human body parts move under covers on bed									
48. Crying infant									
49. Playing with 2-year-old children									
50. Playing with 5- to 7-year-old children									
51. Playing with 8- to 11-year-old children									
52. Playing with 12- to 16-year-old children									

Stereotypic and ritualistic behavior sheets

Please complete this form **only** if the cat is showing any repetitive, ritualistic behaviors that you find troublesome or about which you are concerned.

1. Which of the following categories below fits your cat's behavior?

Check as many categories that apply to the cat's behavior. Then check the best description that relates to the selected behavior.

a. <input type="checkbox"/> Grooming	<input type="checkbox"/> Chewing self	<input type="checkbox"/> Biting self
	<input type="checkbox"/> Licking self	<input type="checkbox"/> Plucking hair from self
	<input type="checkbox"/> Barbering/trimming hair on self	<input type="checkbox"/> Sucking self
	<input type="checkbox"/> Continuously doing any of these behaviors to another individual. Please explain:	
b. <input type="checkbox"/> Hallucinatory	<input type="checkbox"/> Staring and attending to things that are not there	
	<input type="checkbox"/> Tracking things that are not there	
	<input type="checkbox"/> Pouncing on or attacking things that are not there	
c. <input type="checkbox"/> Consumptive	<input type="checkbox"/> Consuming rocks	
	<input type="checkbox"/> Consuming dirt or soil	
	<input type="checkbox"/> Consuming other objects	
	<input type="checkbox"/> Eating, licking, sucking or chewing wool or fabric, rugs, furniture, et cetera	
	<input type="checkbox"/> Licking or gulping air	
d. <input type="checkbox"/> Locomotory	<input type="checkbox"/> Circling/spinning	
	<input type="checkbox"/> Tail-chasing	
	<input type="checkbox"/> Freezing	
e. <input type="checkbox"/> Vocalization	<input type="checkbox"/> Rhythmic vocalization	
	<input type="checkbox"/> Howling	
	<input type="checkbox"/> Growling	

Please indicate the appropriate answer (Yes/No/Uncertain) for each of the following questions. Please feel free to add any information that you think might be helpful. If you choose **yes**, please describe in detail what is ongoing and, if relevant, who or what might be involved. If no one is home often enough to know or the cat cannot be reliably observed, please choose **uncertain**.

	Yes	No	Uncertain
2. Was there a change in the household or an event associated with the development of the behavior?			
3. Is there any time of day when the behavior seems more or less intense?			
4. Is there a person or another pet in the presence of whom the behavior seems more intense?			
5. Does the cat respond to its name or seem aware of its surroundings while in the midst of the behavior?			
6. Is the cat aware that you are calling him/her? If yes, how can you tell?			
7. Can you convince the cat to stop the behavior by a. Calling him or her			
b. Using physical restraint			
8. List the kinds of things (i.e., noises, treats, toys), if any, that will interrupt the behavior once it has started.			
9. Is there a location in which the cat prefers to perform the behavior? If so, where?			
10. For ingestion, list what types of objects are consumed. Be as specific as possible—what type of rug or sweater fabric (e.g., cotton only, merino wool only, all natural fabrics, et cetera)?			
11. Does any event or behavior routinely occur immediately before the behavior begins? If you answer yes, what occurs?			
12. Does any event or behavior routinely occur immediately after the behavior ceases? If you answer yes, what occurs?			
13. Has the cat's general behavior changed in any way since the onset of the atypical behavior (i.e., the cat is more or less aloof, aggressive, withdrawn, playful, et cetera)? If you answer yes, please let us know what the change is.			
14. Has the cat's diet recently been changed? If yes, what is the change?			
15. How old do you think your pet was when its ritualistic behavior began?	Age in months _____		
16. Did anyone else in the cat's family exhibit these or similar behaviors?			
17. Is there a pattern to the behavior? What are the duration, frequency, characteristics of the events themselves?	Duration: <input type="checkbox"/> days. <input type="checkbox"/> weeks. <input type="checkbox"/> months Pattern: After meals, in AM, et cetera (please specify)		

Questionnaire to evaluate behaviors of old cats. Please complete this section ONLY if your pet is elderly or if your complaints have to do with possible age-related changes

Behavior screen for age associated changes:

1. Locomotory/ambulatory assessment (tick only one)

- ☐ a. No alterations or debilities noted
- ☐ b. Modest slowness associated with change from youth to adult
- ☐ c. Moderate slowness associated with geriatric aging
- ☐ d. Moderate slowness associated with geriatric aging plus alteration or debility in gait
- ☐ e. Moderate slowness associated with geriatric aging plus some loss of function (e.g., cannot climb stairs)
- ☐ f. Severe slowness associated with extreme loss of function, particularly on slick surfaces (may need to be carried)
- ☐ g. Severe slowness, extreme loss of function, and decreased willingness or interest in locomoting (spends most of time in bed)
- ☐ h. Paralyzed or refuses to move

2. Appetite assessment (may tick more than one)

- ☐ a. No alterations in appetite
- ☐ b. Change in ability to physically handle food
- ☐ c. Change in ability to retain food (vomits or regurgitates)
- ☐ d. Change in ability to find food
- ☐ e. Change in interest in food (may be olfactory, having to do with the ability to smell)
- ☐ f. Change in rate of eating
- ☐ g. Change in completion of eating
- ☐ h. Change in timing of eating
- ☐ i. Change in preferred textures

3. Assessment of elimination function (tick only one in each category)

a. Changes in frequencies and "accidents"

- ☐ 1. No change in frequency and no "accidents"
- ☐ 2. Increased frequency, no "accidents"
- ☐ 3. Decreased frequency, no "accidents"
- ☐ 4. Increased frequency with "accidents"
- ☐ 5. Decreased frequency with "accidents"
- ☐ 6. No change in frequency, but "accidents"

b. Bladder control

- ☐ 1. Leaks urine when asleep, only
- ☐ 2. Leaks urine when awake, only
- ☐ 3. Leaks urine when awake or asleep
- ☐ 4. Full-stream, uncontrolled urination when asleep, only
- ☐ 5. Full-stream, uncontrolled urination when awake, only
- ☐ 6. Full-stream, uncontrolled urination when awake or asleep
- ☐ 7. No leakage or uncontrolled urination, all urination controlled, but in inappropriate or undesirable location
- ☐ 8. No change in urination control or behavior

c. Bowel control

- ☐ 1. Defecates when asleep
Formed stool Diarrhea Mixed (Circle appropriate answer, if this occurs, please)
- ☐ 2. Defecates without apparent awareness
Formed stool Diarrhea Mixed (Circle appropriate answer, if this occurs, please)
- ☐ 3. Defecates when awake and aware of action, but in inappropriate or undesirable locations
Formed stool Diarrhea Mixed (Circle appropriate answer, if this occurs, please)
- ☐ 4. No changes in bowel control

4. Visual acuity—how well do you think the cat sees? (tick **only one**)

- ☐ a. No change in visual acuity detected by behavior—appears to see as well as ever
- ☐ b. Some change in acuity **not** dependent on ambient light conditions
- ☐ c. Some change in acuity dependent on ambient light conditions
- ☐ d. Extreme change in acuity **not** dependent on ambient light conditions
- ☐ e. Extreme change in acuity dependent on ambient light conditions
- ☐ f. Blind

5. Auditory acuity—how well do you think the cat hears? (tick **only one**)

- ☐ a. No apparent change in auditory acuity
- ☐ b. Some decrement in hearing—not responding to sounds to which the cat used to respond
- ☐ c. Extreme decrement in hearing—have to make sure the cat is paying attention or repeat signals or go get the cat when called
- ☐ d. Deaf—no response to sounds of any kind

6. Play interactions—if the cat plays with **toys** (other pets are addressed later), which situation best describes that play? (tick **only one**)

- ☐ a. No change in play with toys
- ☐ b. Slightly decreased interest in toys, only
- ☐ c. Slightly decreased ability to play with toys, only
- ☐ d. Slightly decreased interest and ability to play with toys
- ☐ e. Extreme decreased interest in toys, only
- ☐ f. Extreme decreased ability to play with toys, only
- ☐ g. Extreme decreased interest and ability to play with toys

7. Interactions with humans—which situation best describes that interaction? (tick **only one**)

- ☐ a. No change in interaction with people
- ☐ b. Recognizes people but slightly decreased frequency of interaction
- ☐ c. Recognizes people but greatly decreased frequency of interaction
- ☐ d. Withdrawal but recognizes people
- ☐ e. Does not recognize people

8. Interactions with other pets—which situation best describes that interaction? (tick **only one**)

- ☐ a. No change in interaction with other pets
- ☐ b. Recognizes other pets but slightly decreased frequency of interaction
- ☐ c. Recognizes other pets but greatly decreased frequency of interaction
- ☐ d. Withdrawal but recognizes other pets
- ☐ e. Does not recognize other pets
- ☐ f. No other pets or animal companions in house or social environment

9. Changes in sleep/wake cycle (tick **only one**)

- ☐ a. No changes in sleep patterns
- ☐ b. Sleeps more in day, only
- ☐ c. Some change—awakens at night and sleeps more in day
- ☐ d. Much change—profoundly erratic nocturnal pattern and irregular daytime pattern
- ☐ e. Sleeps virtually all day, awake occasionally at night
- ☐ f. Sleeps almost around the clock

10. Is there anything else you think that we should know?