



# Vale Park Animal Hospital

## BASIC HISTORY QUESTIONNAIRE –CATS:

Please complete the pages below as accurately as possible.

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
- Contact Numbers: \_\_\_\_\_  
\_\_\_\_\_
3. Today's Date: \_\_\_\_\_
4. Cat's date of birth: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
 estimated?     known?
5. Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.
6. Sex:     M     MC     F     FS  
If your cat is castrated or spayed at what age was this done? \_\_\_\_\_
7. Age in weeks at which your cat was adopted: \_\_\_\_\_
8. How many owners has your cat had?  1     2     3     4     5+     unknown
9. How long have you had this cat? \_\_\_\_\_
10. Where did you get this cat?  
 serious show breeder     breeder who doesn't show     found     Shelter  
 friend     bred from one of your cats     other – please specify: \_\_\_\_\_
11. Is your cat (please check):  indoor only     outdoor only     indoor/outdoor
12. How many litter boxes does your cat have:  1     2     3     4     5+
13. What type of litter do you use? \_\_\_\_\_
14. How often do you change the litter box completely? \_\_\_\_\_ times  weekly     monthly
15. Does your cat leave urine or feces outside the litter box?  Yes     No     don't know (if answered yes)  
 urine – where specifically? \_\_\_\_\_     feces – where specifically? \_\_\_\_\_  
 both – where specifically? \_\_\_\_\_
16. Does your cat spray?     Yes     No     don't know (if answered yes, where specifically?) \_\_\_\_\_
17. Do you have any concerns, complaints or problems with urination in the house now?  Yes     No (if 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 away 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? \_\_\_\_\_
18. Do you have any concerns, complaints, or problems with defecation in the house now?  Yes     No (if yes)
  1. Where is the cat defecating? (list all areas) \_\_\_\_\_
  2. How many times per week is this occurring? \_\_\_\_\_
  3. At what time of day is the defecation occurring? \_\_\_\_\_

4. Is the pattern different on days when you are home and days you are not home?
5. Are you at work during the hours when the cat defecates? \_\_\_\_\_
19. Did you cat destroy any objects while teething? Yes No (if yes)
- (a) What objects:\_\_\_\_\_ Please list all of them and note which, if any, you had given the cat as toys or to play with by putting an \* next to them.
20. Does your cat destroy any objects or anything else by chewing, sucking, or eliminating on them (e.g. furniture, rugs, clothes, etc.) now? Yes No (if yes) What objects?\_\_\_\_\_ Specifically – does the cat destroy? Please list all of them and note which are destroyed when you are home, not home:

Object	You are home	You are gone

21. Does your cat mouth, bite, suck, or nip anything or anyone? Yes No (if yes)
- (a) If you answered yes, does the cat: bite, suck, mouth, nip, lick, or chew (please circle)
- (b) Is this a problem for you? Yes No
22. Does your cat exhibit any vocalization about which you are concerned? Yes No (if yes)

Vocalization Type	Situation in which it occurs
<input type="checkbox"/> Yowling	
<input type="checkbox"/> Growling	
<input type="checkbox"/> Hissing	
<input type="checkbox"/> Biting	

23. Have you ever been concerned that your cat is “aggressive” toward people? Yes No (if yes, why?)\_\_\_\_\_
24. Have you ever been concerned that your cat is “aggressive” to other cats? Yes No (if yes, why?)\_\_\_\_\_
25. Have you ever been concerned that your cat is “aggressive” to other animals? Yes No (if yes, why?)\_\_\_\_\_
26. Does your cat hunt or prey on other animals? Yes No (if yes, which animals and where?)\_\_\_\_\_
27. Has your cat ever bitten or clawed anyone, regardless of the circumstances? Yes No (if yes, did you think the bite was: Accidental – why?\_\_\_\_\_
- Deliberate – why?\_\_\_\_\_
- The cat’s “fault” – why?\_\_\_\_\_
- Not the cat’s “fault” – why?\_\_\_\_\_
28. Has your cat had any changes in sleep habits? Yes No (if yes) What are these specifically?\_\_\_\_\_
29. Has your cat had any changes in eating habits? Yes No (if yes) What are these specifically?\_\_\_\_\_
30. Has your cat had any changes its ability to get around or jump on the bed, etc.? Yes No (if yes) What are these specifically?\_\_\_\_\_
31. Has anyone ever told you that they were afraid of your cat? Yes No (if yes) What did they say?\_\_\_\_\_
32. Has anyone ever told you that your cat was ill-mannered? Yes No (if yes) What did the cat do that made them say this?\_\_\_\_\_



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33. Do you have any concerns about your cat's grooming behaviors? Yes No (if yes) What?

- little to no grooming
- sucking
- chewing
- licking
- self-mutilation/sores
- barbering/trimming
- plucking out clumps of hair

34. Is the cat exhibiting any behaviors about which you are concerned, worried or would like more information? Yes No (please list behaviors)

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35. Please list the people (including yourself) currently living in the household now:

Name	Sex	Age	Relationship	Occupation

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

Name	Order obtained	Species & Breed	Sex	Age obtained in months	Age now (months)	Any medical illness?	Any behavioral illness?
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

37. If any of these pets have been identified as having a medical problem, please specify the problem: \_\_\_\_\_

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38. If any of these pets have been identified as having a behavioral problem, please specify the problem: \_\_\_\_\_

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

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40. What does your cat do as you prepare to leave? \_\_\_\_\_

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41. If your cat has a behavior problem(s), please list them and let us know how much of a problem to you consider the behavior?

Concern #	Specific concern/problem	Very	Serious?	Not

		Serious?		Serious?
#1				
#2				
#3				
#4				
#5				

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

Concern #1:

daily weekly monthly

% of time that animal is in situation and during which undesirable behavior occurs:

less than 25% 25-50% 51-75% 76-100%

Concern #2:

daily weekly monthly

% of time what animal is in situation and during which undesirable behavior occurs:

less than 25% 25-50% 51-75% 76-100%

Concern #3:

daily weekly monthly

% of time what animal is in situation and during which undesirable behavior occurs:

less than 25% 25-50% 51-75% 76-100%

Concern #4:

daily weekly monthly

% of time what animal is in situation and during which undesirable behavior occurs:

less than 25% 25-50% 51-75% 76-100%

Concern #5:

daily weekly monthly

% of time what animal is in situation and during which undesirable behavior occurs:

less than 25% 25-50% 51-75% 76-100%

**PLEASE DESCRIBE THE LAST 3 OR 4 EVENTS WHERE YOU FELT THAT YOUR PET'S BEHAVIOR WAS PROBLEMATIC. PLEASE INCLUDE THE PARTICIPANTS, RELEVANT CIRCUMSTANCES, AND WHAT YOUR RESPONSE WAS. (You can append additional sheets, if you wish.)**

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42. Are you concerned that you may have caused the problem? Yes No
43. Do you feel guilty about this problem? Yes No
44. Have you considered finding another home for this pet? Yes No
45. Have you considered euthanasia (putting your pet to sleep)? Yes No

**On the issue of biting:**

46. How many total bites has your cat inflicted on a human?  
 0  1  2  3  4  5  >5
47. How many bites to humans broke the skin?  
 0  1  2  3  4  5  >5
48. How many bites to humans were reported, and to whom? (i.e. local authorities, hospital, humane society)  
 0  1  2  3  4  5  >5  
Reported to: \_\_\_\_\_
49. Was there legal action taken as a result of any bite to humans? Yes No
50. How many total bites has your cat inflicted on any cat?  
 0  1  2  3  4  5  >5
51. How many bites to cats broke the skin?  
 0  1  2  3  4  5  >5
52. How many bites to cats were reported, and to whom? \_\_\_\_\_  
 0  1  2  3  4  5  >5
53. Was there legal action taken as a result of any bite to cats? Yes No
54. Has the frequency or the intensity of the occurrence of the behavior changed since the problem started?  
Yes No If so, how and when? \_\_\_\_\_
55. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.
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56. Duration of problem: \_\_\_\_\_ days \_\_\_\_\_ months \_\_\_\_\_ years
57. Age of animal when first began showing signs of problem: \_\_\_\_\_
58. Do you know if the parents engage in similar behaviors as presented animal?  
Yes, they did No, they didn't Don't know
59. If so, what behaviors were exhibited by whom? \_\_\_\_\_  
\_\_\_\_\_
60. Do you know if any littermates are engaging in same behaviors?