QUESTIONNAIRE FOR AGGRESSIVE BEHAVIOR TOWARDS PEOPLE

Cat Information:

Cat's name: _____

Date of Birth/ Age: _____

Spayed/ Neutered? Yes? ☐ No? ☐

If yes, when/ at what age: _____

Describe your cat's personality:

Your Cat's Early History:

Age Obtained: _____

Date Obtained: _____

For what reason did you obtain this cat? _____

Did this cat live with any other cats at 6 weeks of age? _____

Which best describes the source for this cat? Acquired from a family or friend

Animal Shelter, Specify: _____

Humane Society, Specify: _____

Cat Rescue Org., Specify: _____

Other, Specify:

Were any cats living in the home at the time this cat was introduced? _____

If yes, which cats?

Was this cat unfriendly to other cats at this first meeting?

_____

Did the aggression problem you are seeking help for today begin when the cat first met the housemate cats?

_____

Describe your cat's previous type of home; include where, for how long, with whom, foster home, shelter, whether any interaction with parents or littermates: _____

Was your cat a "bottle baby" (orphaned kitten that had to be fed with a bottle? _____

The Home Environment:

List each family member in the home (including yourself, children, and/or frequent visitors):

	Name	Family Relationship	Age	Describe how they get along with the cat
1.				
2.				
3.				
4.				
5.				
6.				
7.				

List all other pets in the home:

	Name	Breed	Sex	Spayed/ Neutered	Age	Describe how they get along with the cat
1.						
2.						
3.						
4.						
5.						
6.						

Average number of hours per 24- hour day someone is home:

- 0-6 hours ☐
- 7-12 hours ☐
- 13-18 hours ☐
- 19-24 hours ☐

Describe the presence of visiting/ stray cats outside your home:

- None ☐
- Rare ☐
- Occasional ☐
- Common ☐
- Once Daily ☐
- Multiple times daily ☐

Check all that apply for any of your cat's reaction to visiting/ stray cats outside your home:

- Doesn't notice ☐
- Afraid ☐
- Friendly ☐
- Curious ☐
- Alert ☐
- Aggressive ☐

Comments: _____

Does any family member or other pet taunt or provoke your cat? _____

If yes, who and please describe: _____

Do any family members "wrestle play" (or play with their hands instead of a toy) with your cat? _____

If yes, who and please describe: _____

Describe your home:

Medical Information:

When was the last time your cat was examined by a veterinarian? _____

Date rabies vaccination expires? _____

Has your cat ever been diagnosed with seizures or other neurologic problems? _____

If so, please describe and list dates: _____

Has your cat ever been diagnosed with bladder problems like inflammation, infection, obstruction, stones, bloody urine? _____

If so, please describe and indicate dates: _____

Does your cat act aggressively if certain parts of it's body are touched? _____

If so, where on the body and what is the reaction? _____

Has your cat ever suffered any trauma (hit by car, broken bones, other)? _____

If so, please describe and list dates: _____

Does your cat limp, have an unusual gait, or have any difficulty walking? _____

If so, describe: _____

Does your cat have difficulty jumping? _____

If so, describe: _____

Does your cat have fleas, scabby, or itchy skin or ears or hair loss? _____

If so describe: _____

How would you describe your cat's maintenance activities? _____

Thirst	Recent Change
Appetite	Recent Change
Energy/ Activity	Recent Change
Sleep/ Rest	Recent Change
Urination Frequency	Recent Change
Urination Volume	Recent Change
Defecation Frequency	Recent Change
Defecation Volume	Recent Change
Pain Threshold	Recent Change
Hearing	Recent Change
Visual Activity	Recent Change
Sense of Smell	Recent Change
Vocalization	Recent Change

Describe any abnormalities or peculiarities from the above table:

Describe laboratory tests (including blood tests, urine tests, X-Rays, etc., and dates performed):

List ALL medications/ supplements your pet receives currently or frequently (behavior and non-behavior):

	Medication	Strength	How often given	When started	Purpose
1.					
2.					
3.					
4.					
5.					
6.					

Activities:

Describe the usual schedule/ routine for your cat and the family (include specifics regarding when you get up, exercise, play, when resting, when alone, work/ school schedules):

Do you use any puzzle feeders for your cat's food or treats? _____

If so, describe:

Where does your cat usually nap or sleep (room or area of the house and specific location/ bed/ sofa/ blanket/ etc)?

Does your cat sleep in your bed with you on a regular basis? Yes

Is your cat allowed on the furniture? Yes

Is your cat ever allowed outdoors? Yes

If yes, is your cat supervised while outdoors? _____

How often is your cat outdoors and for how long? _____

Does your cat have a catio or access to an outdoor enclosure? No

If so, describe: _____

Does your cat have an exercise wheel? Yes

Does your cat have a cat tree, climbing perches, or climbing shelves, or overhead walkways? No

If so, describe: _____

Does your cat voluntarily sit on your lap or other family members' laps? Yes

If yes, whose and how frequently: _____

Describe your cat's preferred daytime sleeping spot: _____

Describe your cat's preferred night-time sleeping spot: _____

Does you cat wake you up at night? No

If yes, how often and please describe:

Describe your cat's reaction to the following:

Dry cat food Loves
Dry cat treats Ambivalent
Moist cat treats Ambivalent
Chicken, meat Ambivalent
Canned cat food Ambivalent
Seafood/ tuna Ambivalent
Other foods Ambivalent
Catnip Loves
Cat toys Loves
Laser Light Loves
Perch tower/ high places Ambivalent
Scratching post/ pads Ambivalent
Going outdoors Loves
Hunting Ambivalent
Rough-housing Loves
Fetch Loves

Any additional details?

Interactive and object/ exploratory play:

List interactive games/ activities/ play toys your cat enjoys:

Does the cat have preferred playtimes? _____

If so, when? _____

Do you have regularly scheduled sessions of play? _____

If yes, describe how often, when, what type of toy and with whom:

Describe your cat's climbing or hiding tendencies:

Grooming:

Does your cat's self grooming seem: Normal

When is your cat most likely to groom? _____

Does your cat like or groom other cats in the house? Yes

If so, which ones? _____

Do you bathe your cat? No

If so, how frequently? _____

Do you brush or comb your cat? Yes

If so, how frequently? _____

Scratching:

Is your cat declawed? Not declawed

Does your cat's scratching seem to be: Normal

Does your cat have a scratching post? Yes

If yes, list how many and describe each:

Does your cat scratch any areas or objects other than the scratching posts or play areas?

Reactivity:

Please indicate how your cat reacts to each of the follwoing:

Familiar cats in home: Calm

Unfamiliar cats in home: Calm

Cats visible outside home: Calm

Unfamiliar visitors to home: Calm

Familiar visitors to home: Calm

Car rides: Ambivalent

Thunderstorms: Ambivalent

Reactions to any other noises?

Check all that apply to describe your cat's personality:

- Friendly ☐
- Aloof ☐
- Bold ☐
- Independent ☐
- Active ☐
- Fearful ☐
- Anxious/Scared ☐
- Curious ☐
- Playful ☐
- Other ☐

Handling:

Please indicate how your cat reacts to each of the following:

Petting/ stroking the head or neck area: Unknown
Petting/ stroking the back or tail area: Unknown
Belly rubs: Unknown
Brushing: Unknown
Being hugged/ kissed: Unknown
Restraint on your lap: Unknown
Nail trimming: Unknown
Ear handling/ cleaning: Unknown
Eye cleaning or medicating: Unknown
Bathing: Unknown
Tooth brushing: Unknown
Being lifted/ carried: Unknown
Getting medication: Unknown

Describe any handling problems in more detail:

Please comment on any differences in your cat's response to handling by different family members:

Training:

Describe any training you have attempted with your cat:

Who trains the cat?

Does your cat perform any "tricks"? No

If so, please describe:

Punishment/ Discipline/ Corrections/ Interventions:

Have you ever used any of the following for management of aggression?

Watching/ following: Never tried If yes: No Change In Behavior

Positive reinforcement: Never tried If yes: No Change In Behavior

Clicker training: Never tried If yes: No Change In Behavior

Harness or thundershirt: Never tried If yes: No Change In Behavior

Verbal reprimands/ yelling: Never tried If yes: No Change In Behavior

Startle by "NO": Never tried If yes: No Change In Behavior

Chasing: Never tried If yes: No Change In Behavior

Hold down or restrain: Never tried If yes: No Change In Behavior

Scruff or back of neck grasp: Never tried If yes: No Change In Behavior

Water sprayer/ "squirt gun": Never tried If yes: No Change In Behavior

Air spray: Never tried If yes: No Change In Behavior

Startled by noise: Never tried If yes: No Change In Behavior

Confine/ time out: Never tried If yes: No Change In Behavior

Redirect with treats: Never tried If yes: No Change In Behavior

Block view: Never tried If yes: No Change In Behavior

Let outside: Never tried If yes: No Change In Behavior

Other? Please describe:

Has any punishment been effective? _____

If yes, please describe what worked and in which situations:

Has any punishment made the problem worse? _____

Does your cat respond differently to punishment from different family members? _____

If so, please describe:

How do you feel about punishing your cat?

Fear and Anxiety Problems?

Does your cat ever exhibit fear or anxiety? _____

If yes, please describe:

If no, proceed to next section, Aggression Towards People.
If yes, please continue:

Please indicate how your cat reacts to each of the following:

Car rides:	No response	Moderate
Thunderstorms:	No response	Moderate
Noises outside the house (e.g. fireworks):	No response	Moderate
Noises inside the house (e.g. smoke alarms):	No response	Moderate
Veterinary visits:	No response	Moderate
Grooming, professional:	No response	Moderate
Grooming, home care:	No response	Moderate
Nail trim:	No response	Moderate
Change in routine:	No response	Moderate
Visitors, familiar people:	No response	Moderate
Visitors - unfamiliar people:	No response	Moderate
Party or celebration:	No response	Moderate
Animal visitors - familiar:	No response	Moderate
Animal visitors - unfamiliar or stray	No response	Moderate
Yard work (e.g. tree trimming, mowing):	No response	Moderate
Workers, repair poeple in home:	No response	Moderate
Remodelling/ construction:	No response	Moderate
Power outage:	No response	Moderate
Housecleaning or carpet cleaning:	No response	Moderate

How long does it take your cat to settle down after exposure to these events?

Does your cat hide on a regular (daily) basis (under bed, in closet, in basement, or distant rooms)? _____

If so, where and for how many hours a day?

Is there anything not listed above that might cause your cat to become fearful, anxious, or aroused?

If so, please describe:

Aggression Towards People:

Does your cat demonstrate any threats or aggression (growl, hiss, yowl, or bite) directed at people? _____

Is aggression the primary reason for today's visit? _____

Has your cat ever displayed threats or aggression to the immediate family? _____

Describe the aggressive behavior in detail (scratching, swatting, biting, etc.):

How would you describe your cat's aggression? My cat may playfully swat me. Not serious.

How often does the aggressive behavior occur? _____

Have your cat's bites caused serious injury? _____

If yes, please describe:

What is the potential for injury when the aggressive behavior occurs? Minimal

In what situation(s) does your cat display aggression?

Describe what preceded the behavior and when it is most likely to occur:

Describe the specific location(s) and times of day that the aggression seems to occur:

Describe your cat's appearance or demeanor at these times:

Playful ☐ Bold and Assertive ☐ Other, explain:
Fearful ☐

Is the aggression preceded by your cat's pupils dilating, stalking, fur standing up on back, tail puffing up, tail swishing, tense body posture, growling, hissing, yowling? _____

If so, describe:

When did the aggressive behavior start? _____

If the aggression occurred following an event or incident, please describe:

How long has your cat been showing aggression? (Please specify an actual or approximate date) _____

Check any changes or incidents which occurred around the time the aggression began:

- ☐ New adult living in home
- ☐ New cat living in home
- ☐ Aggressive or reactive incident involving cat outside home
- ☐ Remodeling or decorating
- ☐ Move to a new home
- ☐ Traumatic event
- ☐ Veterinary visit - Surgical
- ☐ New baby or child living in home
- ☐ New cat appearing outside home
- ☐ Any other new animal (non-cat) living in home
- ☐ Construction
- ☐ Changes in the family work or home routine
- ☐ Veterinary visit - Routine
- ☐ Veterinary visit - Dental
- ☐ No known changes or incidents occurred before aggression began

Other event or change not specified:

Other, describe:

Are there any changes or incidents listed above which occurred in your home and you feel that your cat became more aggressive after the incident?

What do you do when your cat displays aggression? _____

What is the cat's response? _____

Has any treatment used to date been effective? _____

If yes, describe:

If necessary, could you predict and avoid all situations in which aggression might arise? _____

Is the problem serious enough that you will be unable to keep your pet if the pet is not improved? _____

Is legal action pending due to your cat's aggressive behavior? _____

If yes, describe:

Additional Comments:

Email to: office@catdoctorseattle.com