

Instructions: Please fill out completely (all 4 pages).

You may return this questionnaire to us via email: info@felineminds.com or fax (510) 619-9567. If you need to "snail-mail" the questionnaire, please get in touch with us first.

Name:

Phone numbers/Good times to reach:

Best days/times for a consultation:

Email:

Address:

Interested in:

- ☐ in-home consultation
- ☐ multi-visit in-home package (recommended for inter-cat aggression / multiple issues)
- ☐ phone consultation

How did you hear about us?

Primary concern (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Litterbox avoidance | <input type="checkbox"/> Fearful behavior |
| <input type="checkbox"/> Marking/Spraying | <input type="checkbox"/> Vocalization or attention-seeking behavior |
| <input type="checkbox"/> Aggression between cats | <input type="checkbox"/> Destructive behavior |
| <input type="checkbox"/> Aggression toward humans | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nighttime behavior | |

Resident Cat Information

Cat #1

Name _____ Age _____ Sex _____ Breed _____ Neutered/Spayed _____

Declawed? _____ Length of time owned _____ Came from _____

Indoor only? (Y/N) _____

Primary attachment to (person) _____

Please describe the personality of the cat (shy, outgoing, playful, etc)

Cat #2

Name_____ Age_____ Sex_____ Breed_____ Neutered/Spayed_____

Declawed? _____ Length of time owned_____ Came from_____

Indoor only? (Y/N) _____

Primary attachment to (person)_____

Please describe the personality of the cat (shy, outgoing, playful, etc)

Cat #3

Name_____ Age_____ Sex_____ Breed_____ Neutered/Spayed_____

Declawed? _____ Length of time owned_____ Came from_____

Indoor only? (Y/N) _____

Primary attachment to (person)_____

Please describe the personality of the cat (shy, outgoing, playful, etc)

Cat #4

Name_____ Age_____ Sex_____ Breed_____ Neutered/Spayed_____

Declawed? _____ Length of time owned_____ Came from_____

Indoor only? (Y/N) _____

Primary attachment to (person)_____

Please describe the personality of the cat (shy, outgoing, playful, etc)

Household:

People (please list all people who live in the home or regularly visit; include ages and relationship with the cat, including their role in regular care)

Other Pets (please give sex, ages and when the animal came to live with the cat. Also describe the relationship between the cat and each animal).

Behavior Problem/Concern

Please provide a brief description of the behavior problem(s) or concern(s):

How long has the problem been going on?

How often is the problem behavior occurring?

Are there any changes that may have stressed out the cat when this problem began?

Can the cat(s) see other animals outside a window, or have access to other (non-household) animals outside?

Have you tried to resolve this behavior problem? If so, how?

Is there anything else we should know about?

Medical History

Have you taken your cat(s) to the vet for this problem? If so, when?

Which veterinarian(s) did you see? Is this your regular veterinarian?

Is your cat currently under any medical treatment?

Does your cat have a history of medical issues?

Is it okay with you if we contact your veterinarian for further information if necessary?

Disclaimer

By submitting this questionnaire, I understand that the behavioral recommendations given by Feline Minds are in no way a substitute for veterinary care.

I understand that the success of a behavior modification plan depends upon my compliance with the instructions given and that not all behavior problems can be solved, especially long-term ones, and in some cases, only an improvement in the behavior may be the best outcome.

I release Feline Minds from any and all liability in regard to health and behavior of my pets, the safety of all people in the household who interact with the cat, damage or loss to my property and in regard to any aspect of the advice given.

I understand that payment is due in full at the time of service.