

## Questionnaire (Feline)

Your reservation is \_\_\_\_\_.

Please fill out as far as you can see.

It is appreciated if you could send this until \_\_\_\_\_.

Your movie of concerning behavior and the favorite treat are greatly helpful for our consultation and training session

You can send this form via WhatsApp, E mail or postal delivery.

**Phone number:** +81 90 3311 5452 **E mail:** [ybm.kishino@gmail.com](mailto:ybm.kishino@gmail.com)

**Address:** Iwato 1-10-5, Yokosuka, Kanagawa 〒239-0844

Owner Information			
Name		Birth day	
Address	〒		
Phone #			

Basic Canine Information			
Name		Breeds	
Sex	Female • Male	Spayed or Neutered	Spayed • Neutered
Birth day		Age	
When acquired			
Date of Rabies Vaccine Update		Date of Combination Vaccine Update	
Family vet		Favorite Grooming Salon	
What media Introduce this service?	Newspaper • magazine • TV • Radio • Facebook • SNS • Search Engine • Flyer • Poster Recommendation (Friend • Veterinarian • Grooming salon • Pet shop)		

\*We use your personal information ONLY for contacting from our services.

©About Case Report (Movie • Photo • Outcomes)

For clinical behavior' s development, we may present our counseling report on our seminar, book and web in a non-personally identifiable form.

Would you agree with our case report ?

☐ Agree    ☐ Disagree

## 【 Feline Questionnaire 】

### < 1. The Current Problem >

1.1 Describe the problem you are currently experiencing with your cat.

1.2 How often does it occur?

1.3 How old was the cat when the problem began?

1.4 Has the frequency, seriousness of the problem changed?

1.5 Describe the common situation (When, Where, Whom, What) the problem usually occurs.

1.6 Describe specific event you are concerning most.

Event #1 (Date :                      /                      /                      )

Event #2 (Date :                      /                      /                      )

Event #3 (Date :                      /                      /                      )

Other events (Date :                    /                    /                    )

1.7 For coping with the problem,

—What was your reaction (management)?      Ex) Consult with friends, Punished by snapping

—Have you asked professionalizes about it?

a) Behaviorist      b) Veterinarian      c) Dog trainer      d) Groomer      e) Pet shop staff  
f) The other ( )

—What was the recommendations, and until when had you tried?

—Was it helpful for the problem?

☐ Yes      ☐ No

1.8 How do you feel when the problem happens? And how do you interact with your cat while the problem happens.

### 1.9 Do you suspect any cause?

## < 2. Medical History >

2.1 Provide medical history (infection/surgeries) and prescribed treatment:

History: Treatment:

History: Treatment:

History: Treatment:

2.2 Current/regular medications (Such as allergy, heartworm, herbal, over the counter, pain medication, supplements, topical flea and tick treatment):

Medication: Dose: Frequency given:

Medication: Dose: Frequency given:

Medication: Dose: Frequency given:

2.3 Has there been any change in the following?

Eating:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Drinking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Urination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:

2.4 Have you noticed any of the following?

<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Eye issue	<input type="checkbox"/> Ear issue	<input type="checkbox"/> Mouse issue	<input type="checkbox"/> Skin issue

2.5 Has your cat ever been treated for its behavior in the past?

☐ Yes ☐ No

If so, describe the treatment and medication (if applicable):

Medication: Dose:

Medication: Dose:

Medication: Dose:

2.6 Does your dog have seizure or has it ever had any seizure?

☐ Yes ☐ No

### < 3. Household >

#### 3.1 Current Human Household Members:

Relation	Sex	Age:	Time at home
Yourself:			

#### 3.2 Describe the relationship with you/your family members and your dog.

#### 3.3 Other House hold Pets:

Name	Type & Breed	Sex	Spayrd or neutered	Age	Relationship with dog (fight, play, avoid)
			<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		

#### 3.4 Sketch your home (floor) map below. Please include yard, upper floor and basement if applicable.

#### < 4. Origin of Feline >

4.1 From which you acquired the cat?

- a) Pet shop      b) Breeder      c) Acquaintance • Friend      e) Strayed  
f) Animal Control/Caring Center      g) Animal Protection Group  
f) Other ( )

#### 4.2 What was the reason for choosing this breed?

### 4.3 Have you ever had any experience raising cats?

- ☐ Yes ☐ No

4.4 Have you seen the related family dog (Parents, Sisters, Brothers) of the cat?

- ☐ Yes ☐ No

If answer is Yes,

Did they have any behavioral issue?

#### 4.5 Was the cat risen by someone else?

- a) No      b) By one family      c) By two or more families

## < 5. Diet and Feeding Habits >

5.1 Type(s) of food:

- a) Dry      b) Canned      c) Both      d) home cooked      e) Foods for humans (meat, fish)

5.2 Brand(s):

### 5.3 Describe the cat's appetite:

- a) Good      b) Average      c) Poor

#### 5.4 At what speed does it typically eat?

- a) Fast      b) Slow

5.5 How much food is given and at what approximate time of day is food given?

Quantity of food: \_\_\_\_\_.

Time(s) of day: \_\_\_\_\_

5.6 Who is primarily responsible for the feeding? \_\_\_\_\_.

5.7 Where is the cat fed? (physically & in relation to the cat) \_\_\_\_\_.

5.8 What are the cat's favorite foods?

5.9 When do you give these favorite foods? \_\_\_\_\_.

5.10 Do you add any supplements to the cat's diet?    ☐ Yes    •    ☐ No

If so, provide details: \_\_\_\_\_.

5.11 How much water does the cat drink in a day (in liters)?

How many water bowls are provide? \_\_\_\_\_

## &lt; 6. Daily Activities &gt;

6.1 If the cat goes to outdoor

—How much time does your cat spent?

Home \_\_\_\_\_% Outdoor \_\_\_\_\_%

—How often does your cat go to outdoor?

\_\_\_\_\_ times a week / Seldom

6.2 Describe the cat's typical daily routine below.

(Include getting up~going to bed, walking, isolated time etc... with time)

6:00		18:00	
12:00		24:00	

6.3 Does the cat have own dedicated area?

☐ Yes • ☐ No

If so, what it is?

a) Circle b) Crate c) Other ( )

• What the size is? \_\_\_\_\_.

• How much time is spent daily? \_\_\_\_\_.

6.4 Where does the cat sleep at night.

a) Outdoor b) Free range indoor c) Dedicated bed d) Family's bed

e) Inside the circle f) Inside the cage g) Other ( )

6.5 Does the cat have daily time isolated from family.

\_\_\_\_\_ Hours a day

6.6 Where does the cat spent while isolated from family.

\_\_\_\_\_

6.7 What is the cat like when you get home?

a) Come obediently b) Excited intensely c) Run away

d) Other ( )

6.8 How much time do you play with the cat.

\_\_\_\_\_ Minutes a day

6.9 What kind of play does the cat have with you?

a) Pet b) With your hands c) With toys

d) Other ( )

6.10 What kind of toy?

a) Ball b) Plush c) Wand

d) Other ( )

6.11 Have you trained the cat? (ex: come, touch, sit)

\_\_\_\_\_

6.12 Does the cat scratch?

a) Anywhere b) Some spots c) Seldom

## &lt; 7. Excretion &gt;

7.1 Does your cat use litter box for cat? Yes · No

7.2 How often dose your cat use litter box everyday? Urination\_\_\_\_/day Defecation\_\_\_\_/day

7.3 Has your cat ever excreted anywhere but its litter box at your home? Yes · No

If you answered Yes, it was a) Urine b) Feces c) Both

And its frequency is a) \_\_\_\_times/day b) \_\_\_\_time/ week c) \_\_\_\_times/ month

7.4 Does your cat do spraying (marking)? Yes · No

7.5 How many litter box are you using? \_\_\_\_\_.

7.6 Where do you set litter boxes? \_\_\_\_\_.

7.7 What kind of litter box? Write the number of boxes next to which applicable.

- a) Plastic square box commonly sold \_\_\_\_\_.
- b) Box with removable lids \_\_\_\_\_.
- c) Box with a lid like a cave with an entrance \_\_\_\_\_.
- d) A washing bucket \_\_\_\_\_.
- e) Cardboard \_\_\_\_\_.
- f) Other( ) \_\_\_\_\_.

7.8 What type of cat litter do you use?

- a) Ordinary litter b) Scented litter c) Litter that hardens when soaked
- d) Litter that hardens when soaked (with scented) e) Silica gel f) Woodchips
- g) Papery stuff that can be flushed down the toilet h) Other ( )

7.9 How often do you scoop excrement?

7.10 How often do you change all the cat litter?

7.11 Does your cat hide its litter after urinating? Yes · No

7.12 Does your cat hide its litter after defecation? Yes · No

7.13 Has your cat had a urine test recently? Please indicate the time and the result of the test.  
(If you wrote in \*2.3, you may omit this section.)

7.14 Have you ever had a disease of the urinary tract (cystitis, urolithiasis, etc.)? Yes · No

If yes, when and how long were you treated?

(If you have written in \*2.3, you may omit this information.)

## &lt; 8. Owner &gt;

8.1 Do you have any chronic illness or other problems? ☐ Yes · ☐ No

If so, provide details :

8.2 Do you have concerns or trouble with beginning training for your dog? ☐ Yes · ☐ No

If so, provide details :



## <8. Social Behavior>

8.1 In general, how active is your cat?

- a) low      b) normal      c) high      d) excessive

8.2 How does your cat react to cats outside in the garden or from the window?

- a) Indifferent      b) Hissing      c) Growling      d) Kegging      e) Attacking

### 8.3 How does your cat behave in the veterinary clinic?

#### 8.4 How does your cat react to loud noises or voices?

### 8.5 When does your cat meow?

- a) When getting food      b) When seeking attention      c) Other (                      )

## 8.6 When does your cat purr?

### 8.7 When does your cat growl or hiss?

8.8 How do you scold your cat when it does something naughty?

### 8.9 How does your cat react when your family comes home?

- a) Rub its face and body against you      b) Show itself      c) Purrs      d) Remains hidden

### 8.10 How does your cat react to visitors?

- a) Jumps into their lap      b) Rub its head or cheek against them  
c) Is in same room but does not approach them  
d) Hide      e) Other ( )

8.11 What is your cat's personality? Circle all that apply.

- a) Timid      b) Playful      c) Nervous      d) Shy      e) Pushy  
f) Friendly      g) Likes solitude      h) Bold      i) Pampered      j) Meek

## <9. Treatment>

9.1 Choose the following which describe your current idea for treatment most.

- 1 .The problem is NOT serious, but I am interested in what I can do for it.
- 2 .The problem is NOT serious, but I wish it to stop if possible.
- 3 .The problem is serious, but I would not relinquish it even when the problem continue.
- 4 .The problem is serious and I would have to relinquish or euthanasia it unless problem solved.

9.2 How much time could you use daily for the treatment of this problem.

\_\_\_\_\_ Hours a day.

9.3 If the medication is the choice, would you wish to use it?

- a) I wish to use it.
- b) I may wish after satisfying explanation.
- c) I wish NOT to use it if we can.
- d) I will NEVER use it.

## <10. Aggression Section> (if applicable)

10.1 Describe the most recent incident and the setting in which it occurred (be precise):

10.2 Where was the dog?

10.3 Where was everyone else in relation to the dog?

10.4 What was everyone doing prior to the incident?

10.5 What was the dog's body posture (position of ears, tail, face, hair on back)?

10.6 What was your reaction or response?

10.7 What was the dog's reaction to your response?

10.8 Was any form of punishment used? If so, give details:

☐ Yes ☐ No Details:

10.9 Was there a bite wound?

☐ Puncture ☐ Tear

10.10 Describe the previous three incidents prior to the most recent incident:

1

2

3

10.11 How frequently does this type of incident occur?

☐ Several times a day ☐ Daily ☐ Several times a week  
☐ Weekly ☐ Monthly ☐ Other:

10.12 Does this problem occur when the dog is left alone?

☐ Always ☐ Sometimes ☐ Never

10.13 Does this problem occur when family members are present?

☐ Always ☐ Sometimes ☐ Never

10.14 What has been done to correct the problem?

10.15 Is the problem getting better or worse?

☐ Better ☐ Worse ☐ No change

10.16 Do you suspect any cause?

## < 11. Excretion Section > (if applicable)

Note on the 3.4 room map the location of the toilet/food and water/where excreted in the past.

11.1 At what times of the day do you find them excreting outside the litter box?  
(morning, afternoon, before going to work, at night, etc.)

11.2 Have you ever witnessed them excreting anywhere other than the toilet? Yes • No  
If yes, how did you react?

What was the cat's reaction?

11.3 What position does the cat take when urinating outside the litter box?  
a) Standing b) Sitting c) Other ( )

11.4 What area does the cat use when urinating outside the litter box?  
a) On the floor b) On a vertical surface (e.g. wall) c) Other ( )

11.5 What is the size of the toilet?

11.6 Have you ever used a different type of litter? Yes • No  
If yes, how did you change?  
Before \_\_\_\_\_ → Now \_\_\_\_\_.

Has the frequency of litter use changed ? a) Increased b) Decreased c) Remained the same

11.7 Does your cat have any difficulty when excreting (crying, straining for a long time, etc.)? Yes • No

11.8 Have you ever seen blood in the litter box? Yes • No

11.9 How do you clean up the area where your cat has urinated?  
a) Wipe up with a wet towel b) Spray with deodorant  
c) Spray with enzyme-containing deodorant d) Other ( )

11.10 At what age did your cat first defecate outside the litter box?  
\_\_\_\_\_ Years \_\_\_\_\_ Months

Did your cat experience any disruptive events around the same time? Yes • No

If you answered 'yes', please describe the specific event.  
(e.g. moved house, loud noises, change in work hours, new pet, new baby, change in diet, etc.)

11.11 Have you recently redecorated your home? Yes • No

11.12 What attempts have you made to change this behaviour?.