

FELINE BEHAVIOR INTERCAT AGGRESSION QUESTIONNAIRE
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General Information	
Owner's Name	
Cat's Name	

Instructions

- This form is to be completed in addition to the behavior consultation new consult feline questionnaire to provide additional information regarding inter-cat aggression.

List all the cats in the house:				
Name	Weight	Declawed?	Aggression Role (pick one, best fit)	Check box if they will be present for the consult
		No Front declaw All 4 declaw	Aggressor Victim Indifferent and not involved in aggression Not sure	
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Home information
Which category best describes your home (specifically the area all cats have access)?
<1000 square feet
1000-1499 square feet
1500-1999 square feet
2000-2499 square feet
2500-2999 square feet
over 3000 square feet

Is your home carpeted?	Yes, throughout the house	Only a few rooms	No carpeting in home
Average number of hours per 24-hour day someone is home:			
0-6 hours			
7-12 hours			
13-18 hours per day			
19-24 hours per day			
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	Friendly	Alert	Afraid
	Curious	Aggressive	
Comments:			

Aggressive Behavior	
***Please make sure that you have filled in the primary behaviour problem section on the feline new consult questionnaire. ***	
How would you describe the <u>aggression</u> displayed by your household cats?	
Very serious, extreme aggression between my household cats	
Serious aggression between my household cats	
Moderately serious aggression between my household cats	
Minor aggression between my household cats	
My cats may chase and swat each other. Not serious. It is possible they are just playing.	
How many fights have occurred? _____ (Estimate the "total" number of fights)	
Have there been any bites or injuries as a result of the aggression? Yes No	If yes, which cat(s) have caused injury?
	If yes, which cat(s) have received injury?
	How would you characterize the severity of the bites?
Can you tell if your cats are going to become aggressive? Yes No	
When did this aggression begin? Check all that apply.	
Began when first acquired, always been this way.	
My cats never used to be aggressive; my cat's behavior changed.	
My cats never used to be aggressive; their behavior changed gradually.	
The aggression occurred following an event or incident.	
How long have your cats been showing aggression toward each other? (Please specify an actual or approximate date)	
Check any changes or incidents which occurred around the time the aggression began?	
New adult living in the home	
New baby or child living in the home	
New cat living in the home	
New cat appearing outside the home	
Aggressive or reactive incident involving the cat outside home	
Any other new animal (non-cat) living in the home. Please specify below.	

Remodeling or decorating
 Construction
 Move to a new home
 Change in the family work or home routine
 Traumatic event. Please specify below
 Veterinary Visit (Please specify routine, emergency, surgical, dental)
 No known changes or incidents occurred before the aggression began.
 Other event or change not specified. Please describe below.

Details or description:

Are there any changes or incidents listed above which occurred in your house and you feel that the cats became more aggressive after the incident/event? yes, no, not applicable, not sure

Details or description:

Punishment / Discipline / Corrections / Interventions

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

	Never tried	Rarely	Occasionally	Daily	Multiple times per day	Comments/describe
Watching/following						
Verbal reprimands/yelling						
Startle by "NO"						
Chasing						
Hold down or restrain						
Water Sprayer/ "squirt gun"						
Startle by noise						
Confine						
Redirect with treats						
Block View						
Let outside						
Other? Please describe:						

Describe what has been implemented to resolve you cats' aggressive interactions and the outcome:

Have any of your cats been given medication, supplements, diet or pheromones during the last 3 months. Please include all treatments which may influence behavior or mood. Include treatments given daily or occasionally.

Medication, supplement, diet, pheromone (exact name or brand)	Strength/form (eg 10mg tab)	How often given	When started	Purpose	Which cat(s) (name)

Specific Incidents		
Describe at least 3 specific incidents in detail (if not already described in the new consult questionnaire):		
Most significant aggressive event	Date:	
Description:		
Most recent aggressive event	Date:	
Description:		
Describe another "typical" aggressive event	Date:	
Description:		

Individual Cat #1 Information			
Please complete for each cat in the home. Complete one page per cat.			
Cat's name:			
Check all that apply to describe your cat's personality:			
Friendly	Bold	Mean	Active
Aloof	Independent	Fearful	Playful
Other. Please describe:			
Does this cat go outside?	Yes	No	If yes, how many hours per day?
Have there been any bites or injuries as a result of the aggression? Yes No	If yes, which cat(s) have caused injury?		
	If yes, which cat(s) have received injury?		
	How would you characterize the severity of the bites?		
Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)			
Did this cat live with any other cats at 6 weeks of age?	Yes	No	Unknown
Which best describes the source for this cat?			
Acquired from family or friend	Breeder		
Acquired from stranger	Pet Store		
Found as a stray	Keeping a kitten born to a household cat		
Animal shelter	Specify:		
Humane society	Specify:		
Cat rescue organization	Specify:		
Other	Specify:		
Were any cats living in the home at the time this cat was introduced?	Yes	No	Unknown
		If yes, which cats:	
Was this cat unfriendly to other cats at the first meeting?	Yes	No	Unknown
Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats?			
		Yes	No Unknown
Medical Screen: Describe any current, pre-existing, or ongoing medical problems:			

**Thank you for completing this form! Please continue until you finish a form for each cat
You have taken an important step toward resolving your pet's behavior problem!!**

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Individual Cat #2 Information			
Please complete for each cat in the home. Complete one page per cat.			
Cat's name:			
Check all that apply to describe your cat's personality:			
Friendly	Bold	Mean	Active
Aloof	Independent	Fearful	Playful
Other. Please describe:			
Does this cat go outside?	Yes	No	If yes, how many hours per day?
Have there been any bites or injuries as a result of the aggression? Yes No	If yes, which cat(s) have caused injury?		
	If yes, which cat(s) have received injury?		
	How would you characterize the severity of the bites?		
Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)			
Did this cat live with any other cats at 6 weeks of age?	Yes	No	Unknown
Which best describes the source for this cat?			
Acquired from family or friend	Breeder		
Acquired from stranger	Pet Store		
Found as a stray	Keeping a kitten born to a household cat		
Animal shelter	Specify:		
Humane society	Specify:		
Cat rescue organization	Specify:		
Other	Specify:		
Were any cats living in the home at the time this cat was introduced?	Yes	No	Unknown
		If yes, which cats:	
Was this cat unfriendly to other cats at the first meeting?	Yes	No	Unknown
Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats?			
		Yes	No Unknown
Medical Screen: Describe any current, pre-existing, or ongoing medical problems:			

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Individual Cat #3 Information			
Please complete for each cat in the home. Complete one page per cat.			
Cat's name:			
Check all that apply to describe your cat's personality:			
Friendly	Bold	Mean	Active
Aloof	Independent	Fearful	Curious
Other. Please describe:			
Does this cat go outside?	Yes	No	If yes, how many hours per day?
Have there been any bites or injuries as a result of the aggression? Yes No	If yes, which cat(s) have caused injury?		
	If yes, which cat(s) have received injury?		
	How would you characterize the severity of the bites?		
Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)			
Did this cat live with any other cats at 6 weeks of age?	Yes	No	Unknown
Which best describes the source for this cat?			
Acquired from family or friend	Breeder		
Acquired from stranger	Pet Store		
Found as a stray	Keeping a kitten born to a household cat		
Animal shelter	Specify:		
Humane society	Specify:		
Cat rescue organization	Specify:		
Other	Specify:		
Were any cats living in the home at the time this cat was introduced?	Yes	No	Unknown
			If yes, which cats:
Was this cat unfriendly to other cats at the first meeting?	Yes	No	Unknown
Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats?			
			Yes No Unknown
Medical Screen: Describe any current, pre-existing, or ongoing medical problems:			

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Individual Cat #4 Information			
Please complete for each cat in the home. Complete one page per cat.			
Cat's name:			
Check all that apply to describe your cat's personality:			
Friendly	Bold	Mean	Active
Aloof	Independent	Fearful	Playful
Other. Please describe:			
Does this cat go outside?	Yes	No	If yes, how many hours per day?
Have there been any bites or injuries as a result of the aggression? Yes No	If yes, which cat(s) have caused injury?		
	If yes, which cat(s) have received injury?		
	How would you characterize the severity of the bites?		
Your pet's early history: When and why did you add this cat to your home? (Please include date adopted)			
Did this cat live with any other cats at 6 weeks of age?	Yes	No	Unknown
Which best describes the source for this cat?			
Acquired from family or friend	Breeder		
Acquired from stranger	Pet Store		
Found as a stray	Keeping a kitten born to a household cat		
Animal shelter	Specify:		
Humane society	Specify:		
Cat rescue organization	Specify:		
Other	Specify:		
Were any cats living in the home at the time this cat was introduced?	Yes	No	Unknown
		If yes, which cats:	
Was this cat unfriendly to other cats at the first meeting?	Yes	No	Unknown
Did the aggression problem you are seeking help for today begin when the cat <i>first met</i> the housemate cats?			
		Yes	No Unknown
Medical Screen: Describe any current, pre-existing, or ongoing medical problems:			

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Revised 4/4/2018