

Cat Behavior Screen:

Does your cat engage in the following behaviors at least weekly:

	No	Yes	Don't know
Housoiling			
Excessive vocalization			
Scratching furniture			
Self licking/chewing			
Pacing/repetitive behavior			
Consumes non-food objects			

How does cat react to following:	Happy/Neutral	Fearful/Anxious	Hiss/Growl	Scratch/Bite	Don't Know
Veterinarian's office					
Unfamiliar people					
Family members petting					
Family members picking up					
Other household dog					
Other household cat					
Outdoor cats					
Loud noises					

Litterbox information:

Number of litterboxes in house _____

Location(s): _____

Type (and # of each type if applicable) of box(es):

Covered _____ Uncovered _____

Size of box(es): _____

Type(s) of litter used: Clay _____ Clumping/scoopable _____

Crystals _____ Pellets (pine, wheat, etc) _____

Other (please describe) _____

How often is the box scooped out? _____

How often is the box completely emptied and cleaned out? _____

What do you use to clean the box thoroughly (i.e. mild soap, bleach)? _____

Do you have any specific behavior concerns today? If yes, please elaborate below:
