

# Catbusiness

P.O. Box 109 Topanga, CA 90290 (310) 455-0550 www.catbusiness1.com

## **Feline Questionnaire**

Behavioral problems are often specific to the many experiences your cat has undergone. There are many factors that can contribute to shaping the behavior of your cat. Prior to your in-home visit or phone consultation with our cat behaviorist please fill out the questionnaire below to help us best serve your needs.

=====

**Date:** \_\_\_\_\_

### **Background information:**

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_

Wrk Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

How did you hear about Catbusiness? \_\_\_\_\_

What is *your* experience with cats and/or other animals? \_\_\_\_\_

\_\_\_\_\_

Do you have animal training experience? \_\_\_\_\_

## **Cat History**

**Name of Cat** \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

How old was your cat when acquired? \_\_\_\_\_

Where did the cat come from? \_\_\_\_\_

\*\*If you have concerns about more than one cat or pet please use back of sheet to add information about additional animals

## **Diet and enrichment**

Who normally feeds the cat? \_\_\_\_\_

What do you normally feed him/her? \_\_\_\_\_

What is the feeding schedule? \_\_\_\_\_

Does your cat have toys? \_\_\_\_\_ Scratching posts? \_\_\_\_\_

A view? \_\_\_\_\_ Contact with other animals? \_\_\_\_\_

Frequent human contact? \_\_\_\_\_

## **Home Environment**

Describe your residence \_\_\_\_\_

\_\_\_\_\_

Does your cat have access to the entire home? \_\_\_\_\_

Is your cat allowed outdoors? \_\_\_\_\_

Is your cat alone for long periods of time? \_\_\_\_\_

Where does your cat sleep? \_\_\_\_\_

How many children and adults are in the household? \_\_\_\_\_

\_\_\_\_\_

Does everyone interact with the cat? \_\_\_\_\_

What other pets do you have? \_\_\_\_\_

## **Medical History**

Name of current veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Is your cat spayed or neutered? \_\_\_\_\_

At what age was it altered? \_\_\_\_\_

Do you know if your cat has current medical problems?\_\_\_\_\_

Do you know of any previous medical problems?\_\_\_\_\_

Is he or she on medication?\_\_\_\_\_

Is your cat vaccinated?\_\_\_\_\_

**Behavioral Issues**

Describe the problems you are having with your cat(s) in as much detail as possible.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

What goals do you wish to achieve with your pet cat(s)?\_\_\_\_\_

---

---

How much time are you able to commit to working with your cat to correct these issues?\_\_\_\_\_

Additional comments or concerns\_\_\_\_\_

---

---

---

---

---

## Recommendations for Client (Catbusiness staff)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**\*\*Cat training is a learned skill acquired over time and like any worthwhile endeavor success will be achieved through *your* personal level of interest and participation and ability to apply the techniques. Although our program has a high rate of success and the training that we offer to you and your pet has been extremely successful in most cases, there is no guarantee that the methods we describe to you will achieve the results you desire. Your success will depend most certainly on your ability to define clear and realistic for you and your pet and on your use of kindness, patience, persistence and consistency as your cat training guides.**

Payment is required upon services rendered. We accept cash, personal checks or on-line payment through Paypal.

I have answered the questions on this form to the best of my ability and I understand and agree to the terms and limitations described above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Page 4