



Client Questionnaire

Case Information & General History:

Animal Name:

Age:

Breed:

Sex:

Acquired from:

Age acquired:

Surgeries (include spay/neuter/Declaw):

Prior illnesses:

Medications:

Environmental History: (Shelter? Multiple homes? Apartment? Etc.)

Diet:

Other animals in household:

Human household members: Please list names of all household/family members (include ages of children where pertinent).

Primary behavioral complaint:

Other behavioral complaints: (please add any other problem or nuisance behaviors)

Have you worked with a veterinarian to rule out/treat medical problems?

How were you referred to Train with Trust?



Current Management:

Feeding:

When and where is cat fed? How many times per day? Which family members, friends, house sitters, etc. typically feed cat?

Which of these describes your cat's appetite?

very picky somewhat picky not picky

Low food interest normal food interest always hungry

Will your cat eat if people or animals are nearby?

Is your cat's body condition/weight

thin average heavy

Does your cat like treats? If so what kind? (List cat treats and human food if applicable)

Enrichment & Exercise:

Does cat use interactive toys with you?

Does your cat use toys to play by itself?

Does your cat use food dispensing toys?

Does cat spend time outside?

Free- roaming In fenced yard/enclosure on leash/harness

How much time is spent outside?



Does cat regularly interact with other household animals? If so, how often and what is nature of interactions?

Does your cat have access to & use elevated “perching” spaces? Where? How often?

Does your cat have access to and use hiding places? Where? How often?

Training History:

Has your cat ever been carrier/crate trained successfully (comfortable being left in carrier at least 30 minutes)?

Have you ever done any informal or formal training or behavior modification with your cat?

Litter Box History

How many litterboxes are in the home?

Where are litter boxes located?

What type of litter is used?

How often are litter boxes scooped?

How often are litter boxes washed/re-filled?

When did cat begin going outside of box?



Does elimination outside the box involve urine only? Feces only? or both?

How frequently do out of litter box incidents occur?

When was the most recent urinalysis performed?

What were the results?

Was medication required? If so, did a follow-up exam show that the issue was resolved?

Incident History: Please describe any significant environmental changes you can remember that may be associated with litterbox problems (weather changes, work schedule changes, construction, household members, neighbors, guests, pets gained/lost, etc.)

Response to Behavior Complaint History: Please list any responses you have attempted to use toward resolving the behavior issue. What has seemed helpful and not so helpful?

Is there anything else you'd like me to know about your cat, you or your family?