

Cat's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Feline Behavior Consults &  
SnoPets Acupuncture and Wellness**

**Feline Aggression History Survey**

1. How did you hear about us? \_\_\_\_\_
2. Aggression is toward: ☐ Other Cats ☐ People ☐ Both
3. What type of aggression: ☐ Biting ☐ Scratching ☐ Chasing ☐ Staring/glaring ☐ Hoarding resources such as food/litter ☐ Other \_\_\_\_\_
4. Has this cat been seen by a veterinarian for this problem? ☐ Yes ☐ No  
**If yes, was the cat diagnosed with any health issue?**  
☐ Yes ☐ No  
**If yes, please list the clinic name, or provide records** \_\_\_\_\_  
  
Please list any medications the cat is taking \_\_\_\_\_
5. How long has the aggression gone on? \_\_\_\_\_
6. How often do the incidents occur? \_\_\_\_\_
7. Are other animals living inside the home? ☐ Yes ☐ No  
**If yes, please list the number of other animals: Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Others \_\_\_\_\_**  
**Please describe the general relationship between this cat and each of the other pets (check all that apply):**  
☐ Friendly ☐ Ignores ☐ Aggressive ☐ Plays ☐ Always together ☐ Picked on by the others  
Comments: \_\_\_\_\_
8. If the aggression is between two cats, how do these cats pass each other in a hallway? Do they come to the center to greet each other or do they take the perimeter, hiss, glare, etc?  
\_\_\_\_\_
9. Which cat do you think is the perpetrator and which do you think is the victim?  
\_\_\_\_\_
10. Did any of the following happen before the problems began (check all that apply)?  
☐ Moved ☐ Added new pets to home ☐ New type of litter box ☐ New type of litter  
☐ New person moved into home ☐ New baby ☐ Construction ☐ Work schedule changed  
☐ Owner began travelling ☐ Outdoor cats began hanging around the home ☐ Divorce  
☐ Other: \_\_\_\_\_
11. Did any other household or lifestyle changes occur when the problems began? ☐ Yes ☐ No  
**If yes, please describe** \_\_\_\_\_
12. Is your cat declawed? ☐ Yes ☐ No  
**If yes, at what age was he/she declawed?** \_\_\_\_\_

13. Describe the cat's personality (confident, aloof, nervous, friendly)\_\_\_\_\_

14. Where do the incidents occur (check all that apply):

☐ Near the litter box ☐ Near food bowls ☐ Near windows ☐ Middle of room ☐ On bedding

15. In what rooms do the incidents occur? \_\_\_\_\_

16. When do the incidents occur (check all that apply):

☐ At night ☐ During the day, while home ☐ When owners are at work/away ☐ Other:\_\_\_\_\_

17. Are there any triggering events preceding each incident?

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18. Please describe the incidents in detail (you might need to attach another page):

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19. How many litter pans are in the home? \_\_\_\_\_ ☐ Covered ☐ Uncovered ☐ Automatic

**If there are multiple types**, what is the cat's preferred type of box?\_\_\_\_\_

20. How often is litter scooped? \_\_\_\_\_

21. How often is the litter changed out completely? \_\_\_\_\_

22. What type of litter does your cat use currently? \_\_\_\_\_

23. Does any cat in the home have accidents (urine or feces)? \_\_\_\_\_

24. Is your cat ever confined when you are not home? ☐ Yes ☐ No

**If yes**, do accidents still occur during this time? ☐ Yes ☐ No

**If yes**, how does your cat act when confined? ☐ Wants out ☐ Doesn't care ☐ More relaxed

25. What steps have been taken to resolve the incidents?

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