



VETERINARY TEACHING HOSPITAL
ATLANTIC VETERINARY COLLEGE

AVC Behavioural Medicine Service

Karen L. Overall, MA, VMD, PhD, DACVB – Head of service (koverall@upepei.ca)

Jenn Vernick, DVM – Resident (jvernick@upepei.ca)

This information sheet is intended to review policies and procedures, to explain the appointment costs and structure, and to explain the type of information we will need to help your cat.

Instructions for appointments:

Appointment duration and costs

Appointments/consultations for cats with Dr. Overall and/or Dr. Vernick cost \$357.50 for in-person consultations or long distance consultations. The same forms are used for each type of consultation, and the same videos are required. In person consultations will take approximately 1.5 hours. If additional pets are actually directly involved in the problem or have problems of their own there will be an additional charge of \$55-165 pet, depending on level of complexity. Pets who are accompanying the patient, or who do not require separate histories, diagnoses, and treatment protocols are seen at no additional charge.

For all but the most exceptional cat, distance consultations are really a better choice because – due to their evolutionary history – cats just do not show us the behaviours we need to see when we bring them into an office. We can do as well and generally much better with videos, a good history and a 30-45 minute Zoom call. For distance consultations we use the same forms and videos as we would for the in-person call, but we create the consult after reviewing them and then discuss the consult and any outstanding issues or changes needed to the plan with the client after the client has reviewed the consult. After the wrap-up Zoom call, we prepare the final copy of the consult and send it to both the client and the referring veterinarian who is the veterinarian of record and dispenses medication or prescriptions.

This initial charge includes *all* telephone and email follow-up. We have learned that the vast majority of these cases do extraordinarily well with email follow-up, many of them over years. Follow-up may involve sending video. If it is clear from the emails, videos, or simply the length of time that has passed since the initial appointment that a re-exam will help, one will be recommended. Of course, clients are also welcome to schedule a re-exam anytime they think it will help.

Re-exams may vary in time and content and cost \$137.50. Some clients feel that they do not need re-exams and that can be a fine decision if they understand that one is always available and if they keep communicating by email. Any time someone has a question, a problem, a worry, or there has been a behavioural change that doesn't make sense...we want to hear from you.

Any patient who is taking medication should have a full annual laboratory evaluation done (lab work) that includes a complete blood count (CBC), chemistry panel and urinalysis (UA). If you wish, this can be done by your referring veterinarian and you can bring the results to your re-exam. Clients who are too far for annual re-exams should email updates and their annual lab work results to Drs. Overall and Vernick and to AVC. Referring veterinarians should feel free to email questions.

We will also need recent (no older than 3 months) lab work if your cat is going to be taking medication. You are welcome to have your veterinarian draw blood for the lab work and send or bring us the result, or we can take the blood and do the needed tests. Please note: we use fear, distress and restraint reducing handling techniques for all of our medical procedures. This means that we will use lidocaine cream to numb the skin over the vein from which we will draw blood, and we use double-ended catheters and self-filling tubes.

All first and full re-exam appointments will result in letters being sent to your veterinarian unless you explicitly ask us not to send a letter. We understand the personal nature of appointments in veterinary behavioural medicine and respect your privacy.

Materials and information needed for an appointment:

To proceed with your appointment we will the following materials sent to us via email or post **before** your appointment:

1. We will need a completed set of the attached history forms. ***Please note that these can be completed as a Word document and attached to an email.*** Also please note that it will take you 20-40 minutes to complete these forms, depending on the level of detail.
2. We will need a video of the behaviours that concern you. Please note, *if the behaviours about which you are concerned are not ones that are likely to be seen in public and we do not have a video we cannot do the best possible job.*

The video should:

- show the behaviour(s) about which you are concerned, excepting any injurious behaviour,
- give a brief tour of the cat's environment (house/apartment and yard), and
- show any other relevant facets of the patient's life (e.g., where your cat sleeps, sits, eats, drinks, walks, plays, interaction with other animals, et cetera).

If aggression with injury is one of the complaints, ***please do not provide a video of the cat biting someone, and do not put anyone in a situation where any aggression may be provoked or which may scare or distress the cat or anyone else.*** If aggression is a concern, other behaviours will be indicative of it. Please do not scare or put anyone at risk to make a video.

Videos can be provided in the following formats:

- via a downloadable link (PREFERRED)
- DVD

- Flash drive
- Email attachment
- YouTube link

Please note that our formats are mpeg and avi.

Please keep a copy of the videos since *they will not be returned*. Videos and/or photos may also be taken during the appointment. Any videos/photos used to evaluate the patient, including those you have taken, become part of the record and may be used *anonymously* in all modes of teaching (including teaching staff or other clients) and/or research.

3. We will need a copy of your cat's medical record, including proof of vaccination for rabies (or an adequate titer), or a letter from your veterinarian summarizing the important medical history and providing proof of vaccination for rabies (or an adequate titer).

A referral letter will be sent to your veterinarian, unless you explicitly request that this is not done. Please complete the contact information for your veterinarian, below.

Name of veterinarian: _____

Veterinarian's address: _____

Veterinarian's telephone #: _____

Veterinarian's fax #: _____

Veterinarian's e-mail: _____

PLEASE DO NOT SEND A LETTER TO MY VETERINARIAN.

AVC BEHAVIOURAL MEDICINE FELINE QUESTIONNAIRE

The questionnaire that follows focuses on all aspects of your cat’s behaviour and health issues that could contribute to any behavioural concerns. This questionnaire has been published¹. To interpret this information in the most detailed possible light it would be helpful for you to list your cat’s weight and your cat’s body condition score. If you do not know your cat’s body condition score, please go to the websites listed to see the scoring systems routinely used. This form is updated from the most recently published version in Overall, KL. 2013. Manual of Clinical Behavioral Medicine, Elsevier, St. Louis.

Cat’s weight: _____ kg or _____ lb

Body condition score/BCS (see link below) : _____

<http://www.pet-slimmers.com/shapecat.htm>

Date: _____

Please complete the pages below as accurately as possible.

1. Pet’s name	
2. Owner / Client’s name	
3. Owner’s street address: City/Province/State: Postal Code/Zip Code:	
4. Owner’s best phone number	
5. Owner’s email address	
8. Breed of cat	
6. Sex of cat	
7. Cat’s date of birth (if known)	Day/Month/Year:
8. Cat’s age at completion of this questionnaire, in months	_____ weeks OR _____ months
9. Age in weeks at which your cat was adopted?	_____ weeks OR _____ months
10. Has this cat been neutered/spayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If your cat is castrated or spayed (neutered) at what age was this done?	_____ weeks OR _____ months
12. Has this cat had other owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/> Unknown

¹ K.L. Overall, Clinical Behavioural Medicine for Small Animals, Mosby, St. Louis, 1997; revised 2000, 2002, 2007, 2010; and Overall, K.L. Manual of Clinical Behavioural Medicine for Dogs and Cats, Elsevier, St. Louis, 2013.

	Why was this pet given up/relinquished?
13. How long have you had this cat?	_____ months
14. Where did you get this cat?	<input type="checkbox"/> Serious show breeder <input type="checkbox"/> Breeder who doesn't show <input type="checkbox"/> Found (or cat found you) <input type="checkbox"/> SPCA/humane society <input type="checkbox"/> Friend <input type="checkbox"/> Bred from one of your cats <input type="checkbox"/> Other (please specify): _____ _____
15. When was your last complete veterinary check-up?	Date:
16. Does this cat have any physical problems that your veterinarian has noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically? _____ _____
17. Is your cat taking any medication for any of the medical problems discussed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically? _____ _____
18. Is your cat taking any medication for any behavioural problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what specifically? _____ _____
19. Is your cat:	<input type="checkbox"/> Indoor, only <input type="checkbox"/> Outdoor, only <input type="checkbox"/> Indoor/outdoor

20. How many litter boxes does your cat have?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
21. What types of litter do you use?	
22. How often do you change the litter box completely?	_____times weekly OR _____times monthly
23. How often do you scoop the litter box?	_____times weekly OR _____times monthly
24. Does your cat leave urine or feces outside the litter box?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If you answered yes: a. Urine – where specifically? _____ _____ b. Feces – where specifically? _____ _____ Both – where specifically? _____ _____
25. Does your cat spray?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If you answered yes, where specifically: _____ _____ _____

26. Do you have any concerns, complaints, or problems with urination in the house now?

Yes No

If you answered yes:

a. Where is the cat urinating that you find undesirable (list all areas)?

b. How many times per week is the cat urinating in places you find undesirable?

c. At what time of day is the urination occurring?

d. Is the pattern different on days when you are home and days you are not home?

Yes No

e. Are you at work during the hours when the cat urinates?

Yes No

	<p>f. How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>27. Do you have any concerns, complaints, or problems with defecation in the house now?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes:</p> <p>a. where is the cat defecating that you find undesirable (list all areas)?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>b. How many times per week is the cat defecating in places you find undesirable?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>c. At what time of day is the defecation occurring?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>d. Is the pattern different on days when you are home and days you are not home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p>e. Are you at work during the hours when the cat defecates?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many times per day does your cat usually urinate when he or she is not urinating in places you find undesirable?</p> <input type="text"/>
<p>28. Did your cat destroy any objects while teething?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If you answered <i>yes</i>, what objects - specifically - did the cat destroy? Please list all of them and note which - if any - you had given the cat as toys or to play with by putting a * next to them.</p> <input type="text"/>

29. Does your cat destroy any objects or anything else by chewing, sucking, or eliminating on them (e.g., furniture, rugs, clothes, et cetera) now?

Yes No

If you answered *yes*, what objects - specifically - does the cat destroy? Please list all of them and note which are destroyed when you are home or not home - please note that if they destroy at both times - tick both columns:

Object	When at home	When gone

30. Does your cat mouth, bite, suck, or nip anything or anyone?

Yes No

a. If you answered *yes*, what or whom is the cat's focus?

b. If you answered *yes*, what does the cat do (check all that apply)?:

- Bite
- Suck
- Mouth
- Nip
- Lick
- Chew
- Other:

<p>31. Does your cat exhibit any vocalization about which you are concerned?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, what is/are the vocalization(s):</p> <p><input type="checkbox"/> Yowling/"barking"</p> <p><input type="checkbox"/> Growling</p> <p><input type="checkbox"/> Howling</p> <p><input type="checkbox"/> Hissing</p> <p><input type="checkbox"/> Other (please specify):</p> <hr/> <p>When do the vocalization(s) occur?</p> <hr/>
<p>32. Does your cat show any signs of growling, yowling, hissing, or biting?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, what is/are the sign(s) they show:</p> <p><input type="checkbox"/> Yowling</p> <p><input type="checkbox"/> Growling</p> <p><input type="checkbox"/> Hissing</p> <p><input type="checkbox"/> Biting</p> <p>When do they occur?</p>
<p>33. Have you ever been concerned that your cat is "aggressive" to people?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, why?</p>

<p>34. Have you ever been concerned that your cat is “aggressive” to animals other than cats?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, why?</p>
<p>35. Does your cat hunt or prey on other animals?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, which animals and where?</p>
<p>36. Has your cat ever bitten or clawed anyone, regardless of the circumstances?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, what happened?</p>
<p>37. Has your cat had any changes in sleep habits?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, what are these, specifically?</p>
<p>38. Has your cat had any changes in eating habits?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, what are these, specifically?</p>

<p>39. Has anyone ever told you that they were afraid of your cat?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, what did they say?</p>
<p>40. Has anyone every told you that your cat was ill-mannered?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, why - what did the cat do that made them say this?</p>
<p>41. Do you have any concerns about your cat's grooming behaviours?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <i>yes</i>, select all that apply:</p> <p><input type="checkbox"/> Little to no grooming</p> <p><input type="checkbox"/> Sucking</p> <p><input type="checkbox"/> Chewing</p> <p><input type="checkbox"/> Licking</p> <p><input type="checkbox"/> Self-mutilation/sores</p> <p><input type="checkbox"/> Barbering/trimming</p> <p><input type="checkbox"/> Plucking out clumps of hair</p> <p><input type="checkbox"/> Other:</p> <p>_____</p>
<p>42. Is the cat exhibiting any behaviours about which you are concerned, worried or would like more information?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered <u>yes</u>, please list these behaviours below:</p>

45. If anyone, above, has been identified as having a medical problem (Y), what is the problem?

46. If anyone, above, has been identified as having a behavioural problem (Y), what is the problem?

47. Please describe, in detail, how you prepare to leave the house when the cat will be left alone. Do you ignore the cat, do you seek him or her and say goodbye, do you make a fuss, etc.?

48. What does your cat do as you prepare to leave?

49. Please list your cat's behavioural concerns and let us know how much of a problem you consider the behaviour. **Please tick relevant degree of concern.**

Complaint Number	Specific Complaint/Problem	Very Serious?	Serious?	Not Serious?
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the complaints numbered above, please estimate the frequency of occurrence of the undesirable behaviour. *For example, the cat may hiss at new people in the home weekly, but he hisses at them 100% of the time he sees them – he may see them only weekly.*

Complaint 1:

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

Complaint 2:

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

Complaint 3:

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

Complaint 4:

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

Complaint 5:

Frequency	Percentage of time undesirable behaviour occurs
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%

50. Please describe the last 3 or 4 events where you felt that your pet's behaviour was problematic. Please include the relevant circumstances and what your response was.

51. If your pet has what you perceive to be a problem, why have you kept the pet despite this problem?

52. Are you concerned that you may have caused the problem?

Yes No

53. Do you feel guilty about this problem?

Yes No

54. Have you considered finding another home for this pet?

Yes No

55. Have you considered euthanasia (putting your pet 'down'/to sleep)?

Yes No

On the Issue of Biting

56. How many bites have your cat inflicted on any **human**?

0 1 2 3 4 5 >5

57. How many bites to **humans** broke the skin?

0 1 2 3 4 5 >5

58. How many bites to **humans** were reported, and to whom? (i.e. local authorities, hospital, humane society, etc.)

Number reported: 0 1 2 3 4 5 >5

Reported to: _____

59. Was there legal action taken as a result of any bit to **humans**?

Yes No

60. How many total bites has your cat inflicted on any *cat/dog/other animal*?

0 1 2 3 4 5 >5

61. How many bites to *cats/dogs/other animals* broke the skin?

0 1 2 3 4 5 >5

62. How many bites to *cats/dogs/other animals* were reported, and to whom? (i.e. local authorities, hospital, humane society, etc.)

Number reported: 0 1 2 3 4 5 >5

Reported to: _____

63. Was there legal action taken as a result of any bite to *cats/dogs/other animals*?

Yes No

64. Has the frequency or the intensity of the occurrence of the behaviour changed since the problem started?

Yes No

If so, how and when? _____

Problem Development

65. Please provide a brief outline of the chronological development of the problem, including any significant incidents that you think we should know.

66. Duration of problem: ____ days ____ months ____ years

67. Age of cat when he or she first began showing signs of the problem: _____

68. Do you know if the **parents** engaged in **similar behaviours** as presented animal?

- Yes, they did
- No, they didn't
- Don't know

If so, what behaviours were exhibited by whom?

69. Are there any **littermates** that are engaging in the same behaviours?

- Yes, they did
- No, they didn't
- Don't know

If so, what behaviours were exhibited by whom?

70. What are you feeding your cat and when are you feeding him/her? Please be specific. If you meal-feed, please let us know the brand names and times. If you leave your food free choice please give us the brand name. If you give treats, what kind and when? As we learn more about potential effects of diet on behaviour this information is important.

Elimination history

We know that you have already answered some questions about your cat’s elimination behaviours. Here, we ask specific information that may be relevant to better understanding your cat.

How many litter boxes are available for the cat(s)?

For each box, please answer in the appropriate column	BOX 1	BOX 2	BOX 3	BOX 4
1. Is the box covered?				
2. What size is the box?				
3. Where is the box?				
4. How deep is the litter?				
5. Is a liner used?				
6. If liners are used are they scented?				
7. What kind of litter is used?				
8. Is this litter scented?				
9. Does the cat response differently to any of the styles of boxes or litters, or sizes of box and depths of litters?				
10. How frequently is the litter changed?				
11. How frequently is the litter scooped?				
12. How frequently is the litter box washed and replaced?				

For each box, please answer in the appropriate column	BOX 1	BOX 2	BOX 3	BOX 4
13. Are deodorants used in the cleaning process?				
14. How many cats share a box?				

15. What does the cat do in the litter box: does it get in, does it stand outside, does it dig in or out, et cetera?

16. Is the cat ever allowed outside?

- Free access – cat door
- Indoor only or primarily indoor
- Outdoor only or primarily outdoor
- Outdoor on lead, supervised, enclosed area etc.

17. Does the cat eliminate in the presence of other animals or people, or is the elimination behaviour secret?

- Eliminates where no one can see
- Eliminates in the presence of humans or other animals

18. Will the cat immediately use a freshly cleaned litter box?

- Always
- Sometimes
- Never

19. Has the cat ever had any variation in whether or not it covers its feces or urine, and is any of that variation associated with the presence or absence of any other situation or cat?

20. Does the cat ever vocalize while he or she eliminates?

- Always
- Sometimes
- Never

21. Will the cat spray against the back of a covered litter box?

- Always
- Sometimes
- Never

22. Does your cat ever use a shower, bathtub or tile floor for elimination?

- Always
- Sometimes
- Never

23. What other areas are ever used for elimination? Please provide a complete list with locations, substrate (eg, wood floor, chair, rug, et cetera) and frequency of use.

Aggression Screen for Cats

KEY:

- **NR** = No Reaction
- **S** = Stare
- **B** = Bite
- **H** = Hiss, Howl, Growl, Vocalize (not purr)
- **SW** = Swat/Scratch
- **P** = Piloerect/Arch/Puff up
- **TS** = Switch or Twitch Tail
- **WD** = Withdraw
- **NA** = Not Applicable

This screen can be used in three ways:

1. To note the presence or absence, at any time, of any of the behaviours
2. To keep as a log about the baseline behaviour, noting how many times the behaviour occurs, given the number of times it is attempted, per unit time (i.e., per week), and
3. To keep a log about frequencies of the occurrence behaviours, given the number of times the circumstance has been encountered, during treatment so that these numbers can be compared with (2).

Please note if the reaction is consistent in style, or only directed towards one person, or only present in one restricted circumstance. If using this screen only for the first use, note if the cat has been worsening in intensity or frequency in any category.

Please note - we want to know what your cat does when you routinely interact with it - if you don't know how your cat would react in the following circumstances, please do not try to find out because you may provoke the cat.

	NR	S	B	H	SW	P	TS	WD	NA
1. Take cat's food dish with food <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Take cat's empty food dish <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Take cat's water dish <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Take food (human) that falls on floor <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	NR	S	B	H	SW	P	TS	WD	NA
5. Take real bone <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Take food treat <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Take toy <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Human approaches cat while eating <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Another cat approaches cat while eating <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dog approaches cat while eating <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Human approaches cat while playing with toys <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Another cat approaches cat while playing with toys <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NR	S	B	H	SW	P	TS	WD	NA
--	----	---	---	---	----	---	----	----	----

13. Dog approaches cat while playing with toys <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Human approaches/disturbs cat while sleeping <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cat approaches/disturbs cat while sleeping <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Step over cat <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Push cat off bed/couch <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Reach toward cat <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Reach over head <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Put on harness or collar <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Push on shoulders or rump <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NR	S	B	H	SW	P	TS	WD	NA
22. Pet cat when in lap <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Pet cat when not in lap <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Towel when wet <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Bathe cat <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Groom cat's head <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Groom cat's body <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Trim cat's nails <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Put on nail caps <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Stare at <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NR	S	B	H	SW	P	TS	WD	NA
31. Stranger enters room <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Cat in yard – person passes <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cat in yard – cat passes <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Cat in yard – dog passes <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Cat enters room where cat is <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Dog enters room where cat is <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Cat in vet's office <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Cat in boarding kennel <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Cat in groomers <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NR	S	B	H	SW	P	TS	WD	NA
40. Cat yelled at <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Cat physical punished – hit <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Squirrels, cats, small animals’ approach <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Human approaches cat who is at top of stairs <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Cat removed from hiding place <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Human body parts move under covers on bed <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Crying infant <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Playing with 2-year-old children <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Playing with 5-7-year-old children <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NR	S	B	H	SW	P	TS	WD	NA
49. Playing with 8-11-year-old children <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Playing with 12-16-year-old children <i>Comments (if applicable):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stereotypic and Ritualistic Behaviour Sheets

Please complete this form **only** if the cat is showing any repetitive, ritualistic behaviours **that you find troublesome or about which you are concerned**.

<p>Which of the following categories below fits your cat's behaviour? Check as many categories that apply to the cat's behaviour. Then check the best description that relates to the selected behaviour.</p>	
<input type="checkbox"/> Grooming	<input type="checkbox"/> Chewing self <input type="checkbox"/> Licking self <input type="checkbox"/> Barbering/trimming hair on self <input type="checkbox"/> Sucking self <input type="checkbox"/> Biting self <input type="checkbox"/> Plucking hair from self <input type="checkbox"/> Continuously doing any of these behaviours to <i>another individual</i> . Please elaborate: <input type="checkbox"/> Other, please explain: _____
<input type="checkbox"/> Hallucinatory	<input type="checkbox"/> Staring and attending to things that are not there <input type="checkbox"/> Tracking things that are not there <input type="checkbox"/> Pouncing on or attacking things that are not there <input type="checkbox"/> Other, please explain: _____ -
<input type="checkbox"/> Consumptive	<input type="checkbox"/> Consuming rocks <input type="checkbox"/> Consuming dirt or soil <input type="checkbox"/> Consuming other objects <input type="checkbox"/> Eating, licking, sucking or chewing wool or fabric, rugs, furniture, etc. <input type="checkbox"/> Licking or gulping air <input type="checkbox"/> Other, please explain: _____

<input type="checkbox"/> Locomotory	<input type="checkbox"/> Circling / spinning <input type="checkbox"/> Tail-chasing <input type="checkbox"/> Freezing <input type="checkbox"/> Other, please explain: <hr/>
<input type="checkbox"/> Vocalization	<input type="checkbox"/> Rhythmic meowing <input type="checkbox"/> Howling <input type="checkbox"/> Growling <input type="checkbox"/> Other, please explain: <hr/>

This next section focuses on **patterns** of behaviours. Please indicate the appropriate answer (YES/NO/UNCERTAIN) for each of the following questions. Please feel free to add any information that you think might be helpful. If you choose 'yes', please describe in detail what is ongoing and, if relevant, who or what might be involved. If no one is home often enough to know or the cat cannot be reliably observed, please choose 'uncertain'.

	Yes	No	Uncertain
1. Was there a change in the household or an event associated with the development of the behaviour?	<i>If yes, please describe in detail:</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there any time of day when the behaviour seems more or less intense?	<i>If so, please describe in detail what is usually going on at that time of day:</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a person or another pet in the presence of whom the behaviour seems more intense?	<i>If yes, who is this and what is their association to the pet?</i>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does the cat respond to its name or seem aware of its surroundings while in the midst of the behaviour?	<i>If yes, please describe in detail:</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the cat aware that you are calling him/her?	<i>If yes, how can you tell?</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you convince the cat to stop the behaviour by:	<input type="checkbox"/> <i>Calling him or her?</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <i>Using physical restraint?</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there things (i.e. noises, treats, toys) – if any – will interrupt the behaviour once it has started?	<i>If yes, please describe in detail/list the items:</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a location in which the cat prefers to perform the behaviour?	<i>If yes, where?</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your cat ingest objects? If your cat ingests objects, specifically, what types of objects are consumed? Be as specific as possible – what type of rug or sweater fabric (e.g., cotton only, merino wool only, all natural fabrics, et cetera)?	<i>If yes, please describe in detail/list types of objects:</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any event or behaviour routinely occur immediately before the behaviour begins?	<i>If yes, what?</i>	<input type="checkbox"/>	<input type="checkbox"/>

11. Does any event or behaviour routinely occur immediately after the behaviour ceases?	<i>If yes, what?</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the cat's general behaviour changed in any way since the onset of the atypical behaviour (i.e. the cat is more or less aloof, aggressive, withdrawn, playful etc.)?	<i>If yes, please specify?</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the cat's diet recently been changed?	<i>If yes, what – specifically – was the change?</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. How old was your cat when this ritualistic behaviour began?	<i>Age in months:</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Did anyone else in the cat's family exhibit these or similar behaviours?	<i>If yes, please list:</i>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a pattern to the behaviour? What are the duration, frequency, characteristics of the events themselves?	<i>Duration (days/weeks/months):</i> <hr/> <i>Pattern (after meals, in AM, etc. – please specify):</i> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire to Evaluate Behaviours of Old Cats

Please complete this section *ONLY* if your pet is elderly or if your complaints have to do with possible age-related changes.

Behaviour screen for age associated changes:

1. Locomotory/ambulatory assessment (**tick only 1**)

- No alterations or debilities noted
- Modest slowness associated with aging from youth to adult
- Moderate slowness associated with aging
- Moderate slowness associated with aging plus alteration or debility in gait (e.g., limps, occasionally trips)
- Moderate slowness associated with aging plus some loss of function (e.g., cannot climb stairs)
- Severe slowness associated with extreme loss of function, particularly on slick surfaces (may need to be carried or need a support harness)
- Severe slowness, extreme loss of function, and decreased willingness or interest in locomoting (spends most of time in bed)
- Paralyzed or refuses to move

2. Appetite assessment (**may tick more than 1**)

- No alterations in appetite
- Change in ability to physically handle food
- Change in ability to retain food (vomits or regurgitates)
- Change in ability to find food when offered, dropped or in dish
- Change in interest in food (may be olfactory, having to do with the ability to smell)
- Change in rate of eating
- Change in completion of eating
- Change in timing of eating
- Change in preferred textures

3. Assessment of elimination function (**tick only 1 in each category**)

Changes in frequencies and “accidents”

- No change in frequency and **no** “accidents”
- Increased frequency, **no** “accidents”
- Decreased frequency, **no** “accidents”
- Increased frequency **with** “accidents”
- Decreased frequency **with** “accidents”
- No change in frequency, **with** “accidents”

Bladder control

- Leaks urine when asleep, only
- Leaks urine when awake, only
- Leaks urine when awake or asleep
- Full-stream, uncontrolled urination when asleep, only
- Full-stream, uncontrolled urination when awake, only
- Full-stream, uncontrolled urination when awake or asleep
- No leakage or uncontrolled urination, but urinates in inappropriate or undesirable location
- No change in urination control or behaviour

Bowel control – please select the appropriate answer for the description you choose

- Defecates when asleep
 - a. Formed stool
 - b. Diarrhea
 - c. Mixed
- Defecates without apparent awareness
 - a. Formed stool
 - b. Diarrhea
 - c. Mixed
- Defecates when awake and aware of action, but in inappropriate or undesirable locations
 - a. Formed stool
 - b. Diarrhea
 - c. Mixed
- No change in bowel control

4. Visual acuity - how well does the client think the dog sees? (**tick only 1**)

- Some change in acuity dependent on ambient light conditions
- Some change in acuity **not** dependent on ambient light conditions
- Extreme change in acuity dependent on ambient light conditions
- Extreme change in acuity **not** dependent on ambient light conditions
- Blind

5. Auditory acuity – how well does the client think the dog hears (**tick only 1**)

- No apparent change in auditory acuity
- Some decrement in hearing – not responding to sounds to which the dog used to respond
- Extreme decrement in hearing – have to make sure the dog is paying attention or repeat signals or go get the dog when called
- Deaf – no response to sounds of any kind

6. Play interactions - if the cat plays with **toys** (other pets are addressed later), which situation best describes that play? (tick **only 1**)

- No change in play with toys
- Slightly decreased interest in toys, only
- Slightly decreased ability to play with toys, only
- Slightly decreased interest and ability to play with toys
- Extreme decreased interest in toys, only
- Extreme decreased ability to play with toys, only
- Extreme decreased interest and ability to play with toys
- This cat has never played with toys

7. Interactions with humans - which situation best describes that interaction? (tick **only 1**)

- No change in interaction with people
- Recognizes people but slightly decreased frequency of interaction
- Recognizes people but greatly decreased frequency of interaction
- Withdrawal but recognizes people
- Does not recognize people
- This cat has never really interacted with people

8. Interactions with other pets - which situation best describes that interaction? (tick **only 1**)

- No change in interaction with other pets
- Recognizes other pets but slightly decreased frequency of interaction
- Recognizes other pets but greatly decreased frequency of interaction
- Withdrawal but recognizes other pets
- Does not recognize other pets
- No other pets or animal companions in house or social environment
- This cat has never really interacted with other dogs or cats

9. Changes in sleep / wake cycle (tick **only 1**)

- No changes in sleep patterns
- Sleeps more in day, only
- Some change - awakens at night and sleeps more in day
- Much change - profoundly erratic nighttime and irregular daytime patterns
- Sleeps virtually all day, awake occasionally at night
- Sleeps almost around the clock

10. Is there anything else you think we should know? If you think you have observed something interesting – even if you don't understand it – please tell us. THANK YOU!