



## Juvenile, Adolescent, or Adult Cat Questionnaire (4+ months to ~11 years)

<b>Owners Name:</b>		<b>Date:</b>	
<b>Cat's Name:</b>		<b>Cat's Age (DOB):</b>	

1. Where does your cat spend most of his/her day? (inside, outside, in a room, in a kennel, with you)?

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2. How would you describe your cat's litter box training?

- Great, not having any accidents
- OK, a few accidents (less than once a month)
- Could be better, several accidents a week
- Not a clue, most elimination is happening in a location I do not prefer.

Comments: \_\_\_\_\_

3. How many litter boxes are in the home and where are they located?

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4. What is the size and type of litter boxes (covered, uncovered, automatic, oval, large rectangular, etc)?

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5. What type of litter do you use and what brand? (scented or unscented, clumping versus clay)

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6. Does your cat like to play with toys? What type?

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7. Does your cat use scratching posts? \_\_\_\_\_
8. What is your typical routine of activities with your cat each day?
- \_\_\_\_\_
- \_\_\_\_\_
9. If you have other pets in the household, describe the cat's relationship with them.
- \_\_\_\_\_
10. Has your cat ever shown any growling, hissing, or mouthing/biting towards you or anyone else? If so, when?
- \_\_\_\_\_
- \_\_\_\_\_
11. Are there things your cat is afraid of or does not like? If so, please describe.
- \_\_\_\_\_
- \_\_\_\_\_
12. Has your cat shown any of these signs: coughing, sneezing, itching, diarrhea, vomiting, or lack of appetite?
- \_\_\_\_\_
13. Any change in grooming or sleeping habits? \_\_\_\_\_
14. Any change in water or food consumption? \_\_\_\_\_
15. What type of food do you feed your cat and how often is he/she fed? Is food available all the time or at set "mealtimes"?
- \_\_\_\_\_
16. Any change in frequency of urination or defecation? \_\_\_\_\_



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17. What, if any, medications (over the counter or prescription) does your cat take or have applied routinely?

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18. What are three things you enjoy about your cat?

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19. Do you have any concerns or topics you would like to discuss?

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