



# INTOWN VETERINARY GROUP

Bulger Animal Hospital ▪ Essex County Veterinary Referral Hospital ▪ Massachusetts Veterinary Referral Hospital  
Muddy Creek Animal Care Center ▪ Port City Veterinary Referral Hospital

## Feline Furniture Scratching Behavior & History Form

Please fill out the following questionnaire and return it *prior* to your appointment (e-mail or fax preferred, but you can mail it in). Please include any relevant blood work and medical records, or bring them with you to the appointment.

E-mail: [kwrubel@intownvet.com](mailto:kwrubel@intownvet.com)

Fax: (781) 897-6922

Mail:

<b>Essex County Veterinary Referral Hospital</b> 247 Chickering Road N. Andover, MA 01845 Phone: (978) 725-5544 Fax: (978) 975-0133	<b>Massachusetts Veterinary Referral Hospital</b> 20 Cabot Road Woburn, MA 01801 Phone: (781) 932-5802 Fax: (781) 932-5837	<b>Port City Veterinary Referral Hospital</b> 215 Commerce Way, Suite 100 Portsmouth, NH 03801 Phone: (603) 433-0056 Fax: (603) 433-0029
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### Your Contact Information

Appointment Date/Time:

Name:

Street Address/P.O. Box:

City:

State:

Zip:

E-mail Address:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

### Your Cat's Information

Cat's Name:

Cat's Current Age:

Cat's Age When Obtained:

Cat's Breed (or best guess):

<b>Cat's Gender:</b>	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Spayed/Neutered ?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Age at Spay/Neuter:</b>		
<b>Cat's Weight:</b>		
<b>Where did you get your cat from?:</b>		

**List names, genders, and ages (if under 21) of people living in the home:**


**List other pets in the home. Include name, species, breed, age, gender, spay/neuter status, and if obtained before (B) or after (A) your pet with the behavior issue.**


**Medical History**

**List any medical problems your cat currently has:**


**List any medical problems your cat had in the past:**


Does your cat have annual  
veterinarian visits?

Yes  No

I can't take him/her because of a behavior issue

List all medications your cat is currently taking (include dosage if known):

Do you clip your cat's claws or use claw covers?

Are you considering declawing your cat?

Yes  No

### Scratching Description & History

What is your cat scratching?

**The item(s) my cat scratches are:** (Check all that apply)

- soft furniture**
- carpet**
- logs/wood**
- wicker furniture**
- hard furniture**
- cardboard boxes**
- other**

**If Other, please list:**

**Where is the object your cat scratches located?**

**Does your cat scratch in multiple places?**

**Yes**

**No**

**If Yes, please list:**

**Does your cat have a scratching post?**

**Yes**

**No**

**If Yes, how many scratching posts do you have? \_\_\_\_\_**

**Does your cat use their scratching post?**

**Please describe your cat's scratching post. Include details on size (how tall it is), shape, and what material it is made of (carpet, sisal, wrapped rope, burlap, wood, etc.)**

**Where is your cat's scratching post located?**

**Does your cat spend much time in the room the scratching post is located in?**

**If your cat used to scratch on a scratching post, but no longer does:  
Did you replace your cat's scratching post with a new one and he/she stopped using it?**

**When did the scratching issue first occur and how old was your cat at the time?**

**If you have more than one cat, are you sure that it is *this* cat that is scratching your items?**

**Is there anything you can think of that occurred when the scratching issue started (e.g. moved, new family member or pet, etc.)?**

**If the scratching issue coincided with the addition of a new animal or human to the household, please give details:**

**How frequently does the scratching occur?**

**The scratching has:** (Check all that apply)

become more frequent       become more damaging       become less damaging  
 stayed the same       become less frequent

**Are there triggers for your cat's scratching issue? If so, please list:**

**Does your cat scratch at particular times of the day, or after he/she awakes or eats?**

**Can you interrupt your cat when he/she is scratching?**  
 Yes                       No                       Sometimes

**What methods have you used to stop your cat from scratching? What has worked and what hasn't?**


**Have you punished your cat for his/her scratching issue? If so, what methods of punishment have you used?**


**Have you or family members seriously considered rehoming your cat due to the scratching issue?**  
 Yes                       No

**Have you or family members seriously considered euthanizing your cat due to the scratching issue?**  
 Yes                       No

Please check the appropriate box:	Don't Know	No	Yes
Did you acquire your cat at 8 weeks of age or less?			
Was your kitten orphaned or hand-raised?			
Was your cat the single kitten in the litter?			
Was your cat acquired from a shelter or pound?			
Was your cat acquired from a rescue group?			
Was your cat acquired from a pet shop?			
Has your cat had multiple owners during his/her life?			
Has your cat ever moved homes?			

Did your cat's parents or siblings engage in similar behavior or any abnormal behavior?


**Interactions with People & Other Animals**

How would you describe your cat's personality, temperament, or general mood (e.g. playful, calm, hyperactive, timid, anxious, shy, aloof, affectionate, etc.)?


How does your cat get along with human family members?


My cat is especially bonded to: (Check all that apply)

- One person in the family       More than one person in the family  
 N/A, my cat isn't especially bonded to anyone

How does your cat get along with other pets in the home?


If you have other cats:

Does your cat share food or a litter box with your other cats?


**If you have other cats and a scratching post:**

**Does your cat share the scratching post(s) with your other cats?**


**How does your cat respond to strangers or visitors?**


**If your cat goes outside, how does your cat act when he/she meets strange cats outside of the home?**


**How does your cat act when he/she is indoors and sees other cats through the window?**


**Does your cat like or dislike certain types of cats based on their size, gender, or temperament? If so, please list and specify if like (L) or dislike (D):**


**Is your cat particularly fearful or anxious around certain types or genders of people? If so, please list:**


**How does your cat behave at the veterinarian's office?**


**Behavior Observations**

**Does your cat vocalize excessively? If so, what triggers his/her vocalization?**


**Does your cat demand to be petted?**  
 Yes                       No                       Sometimes

**Does your cat solicit attention by repeatedly crying or meowing?**  
 Yes                       No                       Sometimes

**Does your cat ever seem irritated by or resent petting?**  
 Yes                       No                       Sometimes

**If Yes or Sometimes, please describe:**

**Does your cat urinate or defecate in the house? If so, please provide details such as if its urination/defecation/both, the frequency, and the location.**


**Does your cat mount another cat in the household? If so, please explain.**

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**Does your cat lick, chew, or eat anything strange?**

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**Does your cat lick themselves excessively or pull out their hair?**

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**Lifestyle**

**Describe a typical day's schedule for your cat:**


**Where does your cat live?**  
    \_\_\_ **Indoors**                    \_\_\_ **Outdoors**                    \_\_\_ **Both**

**Did your cat used to live outdoors but now lives indoors?**


**What do you feed your cat? Include primary food and if treats or other foods are given. How much do you feed and how often is your cat fed daily?**


**How many litter boxes are in your home and where are they located?**


**What type of litter boxes do you have (open/closed, large/small, automatic)?**


**What type of cat litter do you use? Have you tried other kinds in the past?**

**How often do you clean the litter box, and what do you clean it with?**

**How much daily playtime does your cat get? With whom/which pet?**

**Does your cat know any tricks? Please list:**

**What are your cat's top 3 favorite things or things to do?**

**Thanks for your time! We look forward to meeting you and your cat.**