Inter-cat aggression history form

1. Please fill out chart below for all animals living in your house:

<table>
<thead>
<tr>
<th>Pet 1</th>
<th>Pet 2</th>
<th>Pet 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Now</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age when obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutered/spayed</td>
<td></td>
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</tbody>
</table>

2. How long has this problem been going on?

3. Has it changed in intensity?

4. Has it changed in frequency?

5. How often do your cats fight?

6. Have any of your cats been diagnosed with medical conditions? If so, please list the conditions.
7. Are any of your cats on medication for anything? If so, please list the medications and how long your cat(s) has been on the medication.

8. Please describe the last 3 fights that you have witnessed.
   Incident 1:

   Incident 2:

   Incident 3:

9. How do the fights end (please check all that apply)
   - □ I have to intervene and break up the fights, if I don’t they will not stop
   - □ I always intervene but I do not know if they would stop on their own or not.
   - □ The fights stop on their own without my intervention and both cats either hang out or slowly walk away from one another
   - □ The fights stop only because one cat has ran away and is hiding or is out of reach.
   - □ Other

10. Do the cats fight when you are not home?
    - □ Yes
    - □ No
    - □ I do not know

11. Please list each of your cats favorite treats.

12. Please list each of your cat’s favorite toys/games.
13. Does your cat know any commands?
   □ Yes (please list)_____________________________
   □ No

14. Are your cats fed meals or ad lib (food is present all of the time)?

15. How many food bowls do you have and where are they located?

16. How many water bowls do you have and where are they located?

17. Do your cats have favorite resting areas in your home? □ Yes □ No

18a. Do your cats ever seek each other out to play with one another?
   □ Yes □ No

18b. If yes, please check:
   □ Both cats initiate play equally.
   □ One cat initiates play a little more than the other.
   □ One cat initiates play significantly more than the other.
   □ One cat initiates all of the play.
   □ Other:

19. Do your cats ever seek each other out to rest near one another?
   □ Yes □ No □ Do not know

20. What is the most severe injury any cat has sustained during a fight?

21. Have you noticed any of your cats becoming more anxious/withdrawn as a result of the aggression? □ Yes □ No □ Do not know

22. What have you done so far to correct the problem?

23. After an aggressive episode, do any of your cats remain aroused/aggressive for longer than a couple of minutes? □ Yes □ No □ Do not know

24. Will your cat try and bite you if you try and intervene during a fight?
   □ Yes □ No □ Do Not Know
26. Will your cat try and bite you if you just happen to be close to him/her while he/she is aroused/agitated? □ Yes □ No □ Do Not Know

27. Are any of your cats declawed? □ Yes □ No
   If yes, please check:
   □ front only □ back only □ all 4 paws

28. Do any of your cats choose to sit in a high traffic area in your home and just watch everything? □ Yes □ No □ Do Not Know

29: Please list other behavior problems your cats have:

30. Please draw a floorplan of your house here:
31. Please check the answer that best describes how you feel about the current situation:

☐ I am here only out of curiosity the problem is not that serious.

☐ I would like to change the problem, but it is not serious.

☐ The problem is serious and I would like to change it, but if it remains unchanged, that is all right.

☐ The problem is serious and I would like to change it, but if it remains unchanged I will keep my cat.

☐ The problem is very serious and I would like to change it; if it remains unchanged I will have to consider finding another home for him/her or euthanizing him/her.

32. Has your cat exhibited a change (decrease or more awkward) in any of the following behaviors? Please check the behaviors that have changed.

☐ Jumping up and down

☐ Playing

☐ Running (to food, from dog, cat or person)

☐ Lying down

☐ Moving upstairs

☐ Walking

☐ Sharpening claws

☐ Grooming

☐ Using litter tray

☐ Hunting

33. Which statement(s) best represents how you feel about the use of medications for your pet’s behavioral issue(s). Please check as many answer choices as you wish.

☐ I am strongly opposed to the use of psychoactive medication and simply will not use them.

☐ I will only use medication as an absolute last resort. I would rather try nutritional supplements, herbs, etc….first.

☐ I would rather not use medications to treat my pet’s problems, but I am open to hearing about them along with nutritional, herbal etc….options.

☐ I am open to any treatment option as long as it will help my pet.

VIDEO: If you are able, please bring video of your cats interacting with one another. Please note that I do not need you to capture a fight but rather capture video in a few scenarios where they be walking by one another, hanging out in the same room, how they are as they are waiting to be fed etc.. Even if you think the video is boring and shows nothing, I often see lots of helpful subtle behaviors that give insight into the problem. Seeing their interactions, will allow me to help you in fewer appointments.

End of questionnaire. Thank you! Please fax, email, or mail this form to Animal Emergency & Referral Associates. Contact information on page 1.