



Pica Questionnaire

General Information

Name of Pet Parent:

Address:

Email Address:

Phone Number:

Kitty Patient's Name:

Detailed Information of Condition

Is your kitty chewing or sucking?

- Plants Threads Plastic
 Paper Other: Please specify below:

Other:

Does your kitty swallow the items? Yes No

How frequently does your kitty chew/suck on the above?

How long has your kitty been exhibiting this behavior?

Has your kitty ever become ill from the chewing or sucking? Yes No Explain below:

Were they treated by a veterinarian? Yes No

What was the diagnosis and were they prescribed any medication?

Was there a stressful event that took place before this behavior began? Yes No

Describe in detail:

How would you describe your interactions with your kitty?
(e.g. explain your play time, affection time and feeding time together)

Do you play with your kitty every day? Yes No

If so, for how long?

Do you have a daily routine with your kitty that remains consistent?
(e.g. feeding and play time are predictable) Yes No

Before the behavior began, had you recently taken a trip? Yes No

Have you seen any stray/neighborhood kitties outside your home/apartment? Yes No
If so, are they also visible to your kitty? Yes No

How often are there loud noises in your home? _____
Outside your home? (e.g. construction, noisy neighbors) _____

Has anyone, person or pet, recently moved out of your home or passed away? Yes No

Did your kitty arrive at your home already exhibiting this behavior? Yes No
Did the behavior start shortly after you adopted them? Yes No

Do you know if your kitty experienced any trauma, medical issue,
or painful event prior to you adopting them? Explain: Yes No

When was the last time your kitty was taken to a veterinarian? _____
Was your kitty given a clean bill of health? Yes No If not, explain below:

What methods have you tried to eliminate your kitty's compulsive behavior(s)? Describe in detail:



Comments

Please list any other comments you may have:



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