



## Kitty-Human Aggression Questionnaire

### General Information

Name of Pet Parent:

Address:

Email Address:

Phone Number:

Kitty Patient's Name:

### Detailed Information of Condition

How would you describe the severity of the aggression:  Mild  Moderate  Extreme

Describe your interaction with your kitty:

Little/Minimal affection  Affectionate  Overly affectionate

Can you pet your kitty?  Yes  No

Is your kitty also aggressive towards:

Other kitties  Other animals  Family members  Kids  Strangers

How long ago did this behavior start? \_\_\_\_\_

Does your kitty attack suddenly and without warning?  Yes  No

Does your kitty exhibit any of the following signs before it attacks:

Hissing  Growling  Staring  Ears pulled back  
 Ears turned out  Arched back  Stalking  Pouncing

Does your kitty attack and stay or do they run away?  Attack and stay  Runs away

Have you sustained any injury from the attack?  Yes  No Describe:

Did the bite break the skin?  Yes  No

If so, how deep? \_\_\_\_\_

Was there any event, motion or sound that could have triggered your kitty to become aggressive?

Yes  No Explain:

|  |
|--|
| How do you react when your kitty is showing aggression?  |
|  |
| How does your kitty respond to your reaction?  |
|  |
| Pre-attack is your kitty:<br><input type="checkbox"/> Playful <input type="checkbox"/> Fearful <input type="checkbox"/> Bold and assertive <input type="checkbox"/> Stressed <input type="checkbox"/> Other:   |
| Other:   |
| Have there been any loud or unusual activities or sounds in or outside of your home?<br>(e.g. construction, remodeling, traffic, new neighbors, TV or fireworks) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Does your kitty show more aggression towards:<br><input type="checkbox"/> Specific person <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Kids<br><input type="checkbox"/> Other family members <input type="checkbox"/> Strangers/Visitors |
| Do the attacks happen after you have been petting your kitty for an extended period of time?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| When your kitty behaves aggressively, do they:<br><input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Attack suddenly <input type="checkbox"/> Pounce  |
| Have the attacks recently become more frequent or severe?  |
| When did you last take your kitty to the veterinarian?   |
| What was the result of the visit?  |
|  |
| Do you use any calming products to help with your kitty's aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Have you had any success with these treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Is your kitty currently medicated? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If so, what medication are they taking and when was the medication prescribed?   |
|  |



## Comments

Please list any other comments you may have:



424-570-9477

10866 Washington Boulevard #1227 Culver City, CA 90232

[www.thekittyshrink.com](http://www.thekittyshrink.com)

[thekittyshrink@gmail.com](mailto:thekittyshrink@gmail.com)

