



Stress and Separation Anxiety Questionnaire

General Information

Name of Pet Parent:

Address:

Email Address:

Phone Number:

Kitty Patient's Name:

Detailed Information of Condition

When was the first time you noticed the behavior? (e.g. how old was your kitty and what was the time of year?)

Describe the severity of the problem. (e.g. mild, severe or extreme)

Have any changes happened in your home prior to your kitty exhibiting stress?

- | | |
|---|---|
| <input type="checkbox"/> Visit to the vet | <input type="checkbox"/> Adopted/Fostered new pet |
| <input type="checkbox"/> Had a baby | <input type="checkbox"/> Relocating furniture |
| <input type="checkbox"/> Redecorating | <input type="checkbox"/> Loud noises |
| <input type="checkbox"/> Other: _____ | |

Have there been any loud or unusual activities or sounds in or outside your home?
(e.g. heavy road traffic, construction work, loud neighbors) Yes No

Explain:

Have you recently moved into a new home? Yes No

Have you recently moved any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Cat Tree | <input type="checkbox"/> Scratching Post |
| <input type="checkbox"/> Litter Pan | <input type="checkbox"/> Kitty Bed |
| <input type="checkbox"/> Other Kitty's possessions | |

Has a pet in your household recently passed away or gone missing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there kids in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have family, friends or neighbors visiting frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No
When they visit do they bring their kids? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a multiple kitty household, does each kitty have: <input type="checkbox"/> Their own safe space <input type="checkbox"/> Their own bedding <input type="checkbox"/> Their own food dish <input type="checkbox"/> Their own litter pan
Do you have a set routine with your kitty? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Can your kitty see other kitties outside the window or on the patio? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you allow any of these outside kitties into your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you switched litter brands recently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you switched to a new brand of food recently? <input type="checkbox"/> Yes <input type="checkbox"/> No
If changes to the litter or food have been made, was the process done gradually, allowing your kitty time to acclimate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your kitty been behaving aggressively with you or other members of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you interact with your kitty daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how:
Would you describe your kitty as clingy? <input type="checkbox"/> Yes <input type="checkbox"/> No



How does your kitty behave before you leave your home? (e.g. do they pace or show signs of distress? Describe:

How long are you gone?

(e.g. a few hours, for the entire work day, overnight, etc.) _____

How do they behave when you return? Explain:

Do they damage any items while you're away? Yes No

Have you tried using any calming products to reduce anxiety in your kitty? Yes No

If so, what? _____

Has it been effective? Yes No

Have any of the following taken place recently before the behavior started:

Boarded your kitty while away

Went on vacation

Had a pet sitter while away

Been gone for many hours

If yes to the above, what changes did you observe in your kitty when you returned?

Have there been changes in your work schedule or daily routine recently? Yes No

Do you work regular hours? Yes No

Do you work split shifts or have frequent shift changes? Yes No

Have you noticed an increase or decrease in your kitty's grooming routine? Yes No

Does your kitty interact and/or play less with you than before? Yes No

Lately, has your kitty been vocalizing more? Yes No



Comments

Please list any other comments you may have:



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