

Feline Behavior History

Please fill out this form to the best of your ability. The more information you are able to provide, the easier it is to correctly diagnose your cat's behavior problem and provide you with the proper individualized treatment plan. All of your answers are confidential.

Date of Appointment: _____

Your Information

1. Your Name _____
2. Street Address _____
3. City _____ State _____ Zip _____
4. Home Phone _____ Work or Cell _____
5. Email Contact _____

Your Pet's Information

1. Pet's Name _____
2. Breed of Cat _____ Color _____
3. Age or Birth date of Pet _____
4. Sex of Pet _____
5. Is your pet Spayed or neutered?
 - YES
 - NO
6. If neutered, at what age? _____
7. Reason for neutering? _____
8. Any behavior changes after neutering? _____
9. If your pet is not neutered, do you plan to breed this cat?
 - YES
 - NO
10. Has this cat ever been bred?
 - YES
 - NO

11. If female, did she experience any heat cycles before spaying?

- YES
- NO

12. Age of first heat, if applicable _____

13. Date of last heat cycle? _____

14. How old was your cat when you acquired it? _____

15. Has this pet had other owners?

- YES
- NO

16. If yes, how many? (circle one) **1 2 3 4 Unknown**

If yes, why was this cat given up by previous owners? _____

17. How long have you had this pet? _____

18. Where did you get this pet?

- Stray/Found
- Breeder
- SPCA/Humane Society
- Breed Rescue Service
- Newspaper Ad
- Pet Store
- Friend
- Other – Please Explain _____

19. Why did you get this cat? _____

20. When was your cat last vaccinated for:

- FVRCP _____
- Rabies _____

21. Is this pet:

- Indoors only
- Outdoors only
- Indoors and Outdoors

22. What percentage of the day does your cat spend indoors? _____%

23. What kind of living situation do you have?

- Apartment
 - Townhouse/condominium
-

- House with small yard
- House with large yard
- Farm

25. How often is your cat fed meals each day? **1 2 3 4+ Free Feeds**

26. How often is your cat fed treats each day? **1 2 3 4+**

27. How often is your cat fed snacks from the table each day? **1 2 3 4+**

28. What exactly is your cat fed (please include brand names)? _____

29. Does your cat have any allergies? **YES NO** If Yes, Please specify _____

30. Does your cat have any preexisting or current medical problems? **YES NO**

31. If yes, please describe _____

32. Is your pet currently taking any medications? **YES NO**

33. If yes, please list names of medications and doses _____

34. Do you have any other pets? **YES NO**

35. If yes, are any of these pets ill? **YES NO**

36. Has your household changed since acquiring this pet? **YES NO**

If so, how (please check all that apply):

- Death of a human in the family
- Death of a pet in the family
- Divorce
- Marriage
- Baby Born
- Child Moved
- Pet Added
- Family Moved
- Family Schedule Changed (Including School or Job Start or Loss)
- Construction/Remodeling/New Furniture
- Other, please describe _____

37. Please list the people in currently living in your house (including yourself).

Name of person	Sex	Age	Relationship (self, husband, wife, etc)	Occupation

38. Please list all the animals in the household.

Name of Pet	Breed/Species	Age	Sex	Age Obtained and Age Now

39. Please number the order in which the animals above were obtained.

40. For the cat in question, do you know how many kittens were in their litter?

- YES Number _____ Males _____ Females _____
- NO

41. If obtained as a kitten, why did you choose this cat from the litter? _____

42. Why did you choose this specific breed? _____

43. Have you had this particular breed before?

- YES
- NO

44. Have you had pets before?

- YES
- NO

45. Have you had dogs before?

- YES
- NO

46. Have you had cats before?

- YES
- NO

47. Where does your cat sleep at night (check all that apply, we understand that cats move during the night)?

- In or on your bed
- On its' own bed in your bedroom
- On its' own bed in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants

48. How often do you play with toys or play games with your cat inside the house daily on average? (Circle one) **1 2 3 4 4+**

49. How often do you play with toys or play games with your cat outside the house daily on average? (Circle one) **1 2 3 4 4+**

50. Please describe in detail how you prepare to leave the house when your cat will be left alone. Do you ignore your pet, seek it out and say goodbye, make a fuss, etc?

51. What does your pet do as you prepare to leave?

52. How many litter boxes do you have? **1 2 3 4 4+**

53. Regarding the boxes, please check all that apply and list the number of boxes it applies to:

- Open
- Covered
- Square
- Rectangle
- Round
- Large
- Small
- Deep
- Shallow
- Liner
- No Liner
- Other, please describe_____

54. What type of litter material do you use in the boxes, check all that apply and list number of boxes it applies to:

- Clumpable, Recyclable
- Plain Clay

- Deodorized
- Playground sand
- Anything you can buy with a coupon
- Ashes
- Potting Soil
- None (empty box)
- Gravel/Rock
- Sawdust/Woodchips
- Wheat Husks
- Recycled pelleted newspaper
- Shredded paper or paper toweling
- Other, please specify_____

55. Where are the litter boxes located (check all that apply):

- Closet
- Kitchen
- Bathroom
- Bedroom
- Attic
- Entryway
- Pantry
- Basement
- Stairwell
- Other, please specify_____

56. Please describe in detail how your cat uses the litter box. For instance, does it scratch in the litter box before eliminating, does it cover up feces, scratch outside the box?

57. Are the front feet declawed?

- YES**
- NO**
- Age declawed_____

58. Are the back feet declawed?

- YES**
- NO**
- Age declawed_____

59. Is there anything else you would like to tell us about your cat's behavior?

60. What is/are the behavioral problems you would like to address and how much of a problem do you consider the problem to be (please use the chart below)?

Problems	Very Serious	Serious	Not Serious

61. Why have you kept the cat despite its' behavior?

62. Are you concerned that you may have caused or worsened the problem?

- YES**
- NO**
- Why? _____

63. Do you feel guilty about this problem?

- YES**
- NO**
- Why? _____

64. Have you considered finding another home for this cat?

- YES**
- NO**

65. Have you considered euthanasia for this cat (putting to sleep)?

- YES**
- NO**

66. Has someone recommended euthanasia to you prior to your visit here?

- YES**
- NO**

67. If you think it may help us understand your pet's problem, please feel free to attach a map of your home of the relevant areas including litter box locations and problem areas.

68. Please describe in detail the problems you are having with your cat.

69. What happened that made you seek help?

70. When did the problem first occur and how old was your cat at that time?

71. Please describe the **first** episode that you remember including when it occurred.

72. What was your cat doing before and after the incident?

73. How did you react?

74. How often does the problem occur (times per day, week, month)?

75. How has the frequency or intensity changed since the problem first started?

76. When or where does the problem occur?

77. What have you done to try to resolve the problem?

78. Please describe the **most recent** episode including when it occurred.

79. What was your cat doing before and after the incident?

80. How did you react?

81. Please describe the **second most recent** episode including when it occurred.

82. What was your cat doing before and after the incident?

83. How did you react?

84. Please describe the **third most recent** episode including when it occurred.

85. What was your cat doing before and after the incident?

86. How did you react?