

Feline Behavioral History Form

Instructions: Fill out this form with as much detail as possible prior to your behavior consultation. This form should be completed and sent to First Regional Animal Hospital (fax or email) 24 hours prior to your appointment.

Client Name: _____

Client Phone:(home)_____

(work)_____

Client E-mail: _____

Other Contact Information: _____

Cat's Name: _____

Breed: _____

Hair Length: _____

Age: _____ years, _____ months

Weight: _____

Male

Female

Intact

Neutered/spayed

At what age? _____

Has the cat been declawed/tendonectomized?

At what age? _____

How was it cared for after the surgery?

Referral Information

Veterinarian's Name:

Address:

Phone Number:

Fax Number:

1. What is the main behavior problem or chief complaint?

2. When did the problem begin? Describe the first incident.

3. When does the animal misbehave? How often and under what circumstances?

4. Has there been a change in frequency or appearance of the problem?

5. What has been done so far to correct the problem?

6. Describe the most recent incident.

7. Are there any other behavior problems?

Background Information

Why was the cat obtained?

Age when first obtained:

Source where cat was obtained:

Have you previously owned cats?

Did the cat have any previous owners?

If yes, how many owners?

How long was the cat owned by each owner?

Have you ever re-homed a cat to a shelter or another person? If yes, why was the cat given up?

What rewards work best for your cat?

Diet and Feeding

Who is the primary caregiver?

What is the cat fed?

When and where is the cat fed (ad lib or scheduled meals)? Where is the water bowl located?

Does your cat have a good appetite? Is the cat offered any treats?

Has there been a recent diet change?

Animal's Environment

What type of house do you live in?

How many square feet of the house does the cat have access to?

Have you moved since the cat was acquired?

Please list each person living in the household

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship with the cat</u>	<u>Hours Away</u>

Please list all animals in the household:

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship with the cat</u>	<u>When Obtained</u>

Has the cat ever been outside?

Is your cat currently allowed to go outside? Is he/she supervised when outdoors?

How does your cat signal to go outside? Does it have a pet door?

Is your cat harness/leash trained?

Is there a scratching post available for the cat?

If yes, what type of posts and where are they located?

Does the cat use the scratching post?

Does the cat scratch on anything other than its post? Is yes, what else?

Where does the cat spend most of its time during the day?

Where does the cat sleep at night? Does it sleep through the night?

Social Behavior

Who is the cat most attached to?

What activities do they engage in most often?

Does owner play with the cat? How frequently? What kind of games?

Does the cat play with any toys? What kind of toys?

How does the cat react when called?

Does it come to the caller? (Circle answer)

Yes No reaction Avoids

How does the cat react when the owner comes home?

When is the cat most active during the day? During the night?

How does your cat respond to:

	<u>No reaction</u>	<u>Avoids</u>	<u>Resists</u>	<u>Growls /Bites</u>	<u>Purrs</u>	<u>Comments</u> (use back if needed)
Bathed						
Being picked up						
Greeted by owner						
Nails trimmed						
Pet/stroked						
Friends						
Children						
Stranger						
Veterinarian						

Sexual Behavior

If female, has the cat ever been in heat?

Does the cat mount cats, other animals, people or objects?

Has the animal been bred or used for breeding?

Grooming

Do you groom your cat?

If so, how does the cat respond?

Does the cat keep its coat in good condition?

Are there any areas where the cat licks excessively?

Elimination Behavior

Has the cat ever eliminated outside of the litterbox?

Method of litter training. How was the cat introduced to the litterbox?

Age when litter trained:
Who cleans the litterbox?

How many litterboxes do you have?

	Box #1	Box #2	Box #3	Box #4
Type of litterbox				
Size of litterbox				
How old is litterbox?				
Location				
Type of litter used (scented?)				
Brand of litter				
Depth of litter				
Is a liner used? Is it scented?				
Is there anything added to the litter?				
How often is it scooped out?				
How often litter completely changed?				
How often is litterbox washed?				
What products are used to wash box?				
Located near noisy appliances?				
Located near doors or hallways?				
Are air vents nearby? Distance away?				
Distance of box to food and water?				

Behavior at litterbox	Defecation		Urination		Comments
Dig a hole prior to:	Yes	No	Yes	No	
Cover afterwards	Yes	No	Yes	No	
Paw at box or ground	Yes	No	Yes	No	
Stand on edge of box	Yes	No	Yes	No	
Shake paws	Yes	No	Yes	No	
Vocalize during	Yes	No	Yes	No	
Prefers to eliminate in private	Yes	No	Yes	No	
Eliminate after the box is just cleaned?	Yes	No	Yes	No	
Jump/run out of box when done	Yes	No	Yes	No	

Does your cat have any other behavior problems?

Medical History

Has your cat had any significant medical problems?*(If yes, please describe on back of page.)*