

Feline Behavioral History

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Please answer the following questions and return this form by e-mail. I shall then call to arrange an appointment. Specific questions about the problem behavior(s) will be asked during your consultation.

General Information

Date: _____

Client's Name: _____ Name of Pet: _____
Address: _____ Breed: _____
_____ Date of Birth: _____
Zip Code: _____ Sex: _____ Neutered/Spayed: _____
Home Phone: _____
Work/Day Phone: _____
Email Address: _____

Who is your regular veterinarian?

Doctor _____
Clinic Name: Stack Veterinary Hospital
Address: 5092 Velasko Road
Syracuse, NY 13215
Phone: (315) 478-3161
Fax: (315) 478-2432
Email: stackteam@stackvethospital.com

What is your cat's main behavior problem?

Additional problems (please list):

How serious is the problem (or problems)? Please list below

- | | |
|-------------------|--------------|
| a. Main Problem: | Seriousness: |
| b. Other Problem: | Seriousness: |
| c. Other Problem: | Seriousness: |

Chronology of the Behavior Problem

When did you first notice the main problem (age of cat)?

Describe the chronology of the behavior problem, i.e., how it has developed over time.

When did it first become a serious concern?

In what general circumstances does the cat misbehave?

How frequently does the problem (or problems) occur (how many times per day, week or month)?

- | | |
|-------------------|------------|
| a. Main Problem: | Frequency: |
| b. Other Problem: | Frequency: |
| c. Other Problem: | Frequency: |

Has this problem changed in frequency? (Please describe)

Has this problem changed in intensity? (Please describe)

Has this problem otherwise changed? Please describe.

Describe the most recent incidents in detail:

1. Most recent incident: (*Date:* _____)

2. Second to last incident: (*Date:* _____)

3. Third to last incident: (*Date:* _____)

Describe any other significant incidents:

What have you done so far to try to correct the problem? Did anything help?

How do you discipline your cat for this and for other misbehavior?

Elimination Behavior

Does your cat use a litter pan? _____ No _____ Yes

How did you litter train your cat?

Does your cat ever eliminate outside the litter pan? _____ No _____ Yes
If yes, does your cat urinate _____, defecate _____, or both _____ ?

How many litter pans do you have?

Where are they located? Please be specific as to which room and which floor of the house.

What kind of litter pans do you have? Indicate the number of each type of pan.

- _____ Commercial litter pan
- _____ Commercial litter pan with removable "lip"
- _____ Covered box, "cave type" front door
- _____ Covered box, "Booda-type" (Cat enters through a large hole)
- _____ Dishpan
- _____ Cardboard box
- _____ Other (Please describe)

How old is each litter pan?

Do you use a litter pan liner? _____ No _____ Yes
If yes, what type (plastic, newspaper, etc)?

What kind of litter is used? Please be specific.

Have you recently changed brands?

How often is litter scooped?

How often is litter replaced?

How do you clean the box or boxes, and how often? Please be specific.

Does your cat cover its feces and urine in the box?

Please provide a drawing of your home indicating where your cat sleeps, eats, or drinks. Please mark the location of all litter boxes.

Home Environment

Please list the people, including yourself, living in your household. Please include ages of children:

Name	Hours Away From Home

Please list all animals in the household including patient:

Name	Species	Breed	Sex	Age Obtained	Age Now

In what sequence were the animals above obtained? (*Please number animals in the table above.*)

What is your cat's relationship to the other animals (e.g. friendly, hostile, fearful)?

Please describe:

What type of area do you live in? (Mark One) City/Town Suburbs Rural

What type of house do you live in? Please describe:

Have you moved since acquiring your cat? No Yes

How many times? _____

Has your household (people or animals) changed since acquiring your cat?

No Yes, please describe:

Cat's Background

Why did you decide to get a cat?

Have you owned cats before? No Yes

Why did you choose this particular cat?

Where did you get this cat (mark one): SPCA Breeder – newspaper ad/flyer
 Breeder – referral Pet Store Friend Stray Other: _____

If known: how many littermates did your cat have? Males Females

How many animals were there to choose from? _____

Why did you choose this cat over the others (please be specific):

Describe your cat's behavior as a kitten:

Has your cat had other owners? No Yes, how many? _____

Why was the cat given up?

Diet and Feeding

What do you feed your cat? (Please be specific, e.g. brand name)

Has your cat's appetite increased, decreased, or stayed the same?

How much and how often do you feed your cat? Please be specific.

Who feeds the cat?

Where is your cat fed? Where does your cat drink?

What is your dog's favorite treat?

Daily Schedule – Typical 24 hour day

Please describe a typical 24-hour day in your cat's life:

How do you play with your cat?

Does your cat go outside? No Yes

If yes is your cat supervised outside? No Yes

How does your cat signal to go outside?

Does your cat use a pet door? No Yes

Is your cat harness or leash trained? No Yes

What percentage of time does your cat spend outdoors or indoors?

% Indoors % Outdoors

Social Behavior

Where does your cat sleep at night? Please be specific.

Does your cat greet you when you come home? No Yes

Where is your cat when you have guests?

How does your cat behave with visitors, adult or children?

How does your cat behave at the veterinarian?

Where does your cat spend most of its time when alone in the house?

How does your cat act when it sees strange cats outside?

When does your cat meow? When does he/she hiss or growl?

What toys does your cat have?

Does your cat carry toys or objects or “Mother” other animals? No Yes

What is your cat’s activity level in general? Mark one:

Low Average High Excessive

How would you describe your cat’s personality?

Sexual Behavior

At what age was your pet spayed/neutered?
Why was this done?

Were there any behavior changes after neutering?

If your pet is "intact," has he/she ever been bred? No Yes

Are you planning to breed your cat? No Yes Unsure

If your cat is female, has she ever had kittens? No Yes

If yes, was she a good mother? No Yes

Does your cat mount other cats? No Yes

Does your cat mount other animals? No Yes

Does your cat mount people? No Yes

If yes to any of the above, who or what is mounted?

Does your cat know any tricks? No Yes

If yes, please describe.

Grooming

Does your cat groom, lick, or bite him/herself excessively? No Yes

Does your cat's skin ripple? No Yes

Is your cat declawed? No Yes

If yes, is he/she declawed on the front paws only _____, or on all four paws _____?

Did you use shredded newspaper in the litter pan immediately following your cat's declaw surgery?
 No Yes

Did your cat use the newspaper? _____ No _____ Yes

Did your cat's paws become infected after surgery? _____ No _____ Yes

Does your cat use a scratching post or favorite scratching area? Please describe.

Medical History

Is your cat on any medication(s) now, for this or other problems?

Has your cat been on medication(s) in the past?

Date of most recent rabies vaccination: _____ (1 year, 3 year)

Seriousness of the Problem

Where are you on a scale of 1 to 5 as follows?

_____ I am here only out of curiosity – problem is not serious.

_____ I would like to change the problems, but it is not serious.

_____ The problem is serious and I would like to change it, but if it remains unchanged that's alright.

_____ The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.

_____ The problem is very serious and I would like to change it; if it remains unchanged I will have my cat euthanized or give him/her up.

Please add any other comments in the space below.

*****End of questionnaire – Thank you! *****