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**Feline Initial Behavior Consultation History Form**

Please return the completed questionnaire as a Word document or PDF.

**General Information**

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| --- | --- |
| Your first and last name(s) |  |
| Date of appointment |  |
| Who referred you? |  |

**Basic Pet Information**

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| --- | --- |
| Cat’s name |  |
| Age (indicate months or years) |  |
| Breed |  |
| Sex | ☐ Male ☐ Female |
| Spay or neutered? | ☐ Yes ☐ No |
| Weight (indicate pounds or kilograms) |  |
| Age and/or date when adopted |  |
| Source | ☐ Breeder ☐ Shelter/Rescue ☐ Stray☐ Other: Name of breeder/rescue/shelter if applicable:  |
| History prior to acquisition, if known |  |
| Did you meet your cat’s parents? | ☐ No ☐ Yes, both ☐ Mother only |
| Have you been in touch with the owners of your cat’s littermates? |  |
| What is your cat’s response to changes in the environment or subtle, sudden noises? |  |
| Does your cat have any difficulty settling within the home? |  |

**Medical History**

|  |  |
| --- | --- |
| Primary care veterinarian information | Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Veterinarian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of last veterinary visit: |  |
| Has your cat had baseline blood work (CBC, chemistry) performed within the past year? | ☐ Yes ☐ NoDate of last blood work: |
| *Please list your pet’s current medications, supplements, or other treatments below* |
| Name of heartworm preventative |  |
| Name of flea/tick preventative |  |
| **Name** | **Dose** (in mg) | **Frequency** (e.g. once daily, as needed) |
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| Has your cat previously been prescribed medications, supplements, or pheromones for his/her behavior that are not listed above? | ☐ Yes ☐ NoIf yes, please list the name, date started, date discontinued, dose, and effects:  |
| Any chronic medical conditions? | ☐ Yes ☐ NoExplain:  |
| Any current or history of pain (limping, difficulty getting up or lying down, resistance using stairs, slowing down on walks)? | ☐ Yes ☐ NoExplain:  |
| Have you noticed your pet exhibiting any of the following in the last 3 months? | ☐ Itching ☐ Vomiting ☐ Diarrhea☐ Other: |
| Does your cat have or ever had seizures? | ☐ Yes ☐ No |
| Current diet | Brand:Amount and frequency: |
| Describe your cat’s appetite | ☐ Excessive ☐ Good/Average ☐ Poor Explain: |
| Does your cat have any confirmed or suspected food allergies or sensitivities?Note: We will offer treats during the appointment based on this answer. | ☐ Yes ☐ NoExplain:  |

**Current Behavior Problems**

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| --- | --- |
| Describe the main behavioral concerns for your cat. Provide details surrounding the problem (e.g. location, people or animals involved, frequency, etc.)?*If aggression is involved, more information will be collected below.* |  |
| How old was the cat when it started? |  |

**Household Occupants**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age & Relationship to you | Occupation | Relationship with pet (e.g. follows around, trains, no interaction, etc.) |
| (you) |  |  |  |
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| Is anyone in the household pregnant or planning to adopt/foster a child in the near future?(This information is collected for safety precautions. You are not obligated to answer.) | ☐ Yes ☐ NoIf yes, please provide a due date if applicable or any relevant information: |
| Have you owned cats before? | ☐ Yes ☐ No |
| **Household Pets (aside from cat presenting for evaluation)** |
| Name | Species | Age, Breed, Sex, Neuter status | Interactions with patient |
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| What type of home do you reside in? | ☐ Apartment/Condo ☐ Townhouse ☐ Single family house☐ Other: |
| How many rooms are in your home? |  |

**Daily Activities**

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| --- | --- |
| Have there been any changes in your household routine since acquiring your cat? (e.g. new job, new work schedule, new baby, etc.)? | ☐ Yes ☐ NoExplain:   |
| Where does your cat spend the most time in the home? |  |
| Is your cat ever confined? | ☐ Yes ☐ NoIf yes:During what situations?With which method (e.g., crate, baby gate, behind a door)?What is their response? |
| How often do you play with your cat? | ☐ Never ☐ 1-2 times per day ☐ Multiple times per day☐ Other: |
| Is your cat playful?What kinds of toys does he/she like? | ☐ Yes ☐ NoExplain:  |
| How does your cat respond to catnip? |  |
| Have you performed any training with your cat? | ☐ Yes ☐ NoIf yes, what training? |
| How do you correct your cat when he/she misbehaves? |  |
| What types of training aides have you used (e.g. spray bottle, loud noise, treats)? | Currently:Previously: |
| Is your cat allowed to go outside? | ☐ Yes ☐ NoIf yes, where do they spend time, for how long, and is access controlled by you?  |

**Aggression (if applicable)**

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| Describe specific incidents of aggression including your pet’s age, people/animals involved, and location.*Please provide a description of your dog’s body language (e.g., growling, barking, lunging, biting, etc.).* |  |
| How do you typically respond to these incidents?  |  |
| What is your cat’s reaction to your response? |  |
| How frequently does this type of incident occur? | ☐ Multiple times per day ☐ Daily ☐ Several times per week ☐ Weekly☐ Monthly ☐ A few times per year |
| What has been done to address the problem so far? |  |
| The problem is getting: | ☐ Better ☐ Worse ☐ No change  |
| Has your cat made contact with an individual during the aggression? | ☐ Yes ☐ NoIf yes, what type of injury?☐ Scratch ☐ Bruise ☐ Puncture(s) ☐ Tear |
| How many times has your cat bitten a person, cat, dog, or other animal? | Person:Animal: |
| If your cat has a bite history, how many times did a bite break skin? | Person:Animal: |
| If your cat has a bite history, was any incident reported to Animal Control or other authorities?  | ☐ Yes ☐ NoIf yes, to whom? |
| Is there any legal action pending because of this pet? | ☐ Yes ☐ NoIf yes, which incident(s)? |
| If not already described, please explain the bite incidents. |  |

**Interaction with Unfamiliar People and Animals**

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| --- | --- |
| What is your cat’s response to visitors? |  |
| Where is your cat when visitors are present? Is it by choice? |  |
| How often do you see other cats outside your home? | ☐ Daily ☐ Occasionally ☐ Rarely ☐ Never |
| What is your cat’s response to seeing unfamiliar cats outside, if applicable? |  |

**Elimination Behavior *(only fill out if your cat is eliminating outside of the litter box)***

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| --- | --- |
| How many litter boxes are in your home? |  |
| Please provide the following details for each litterbox:1. Location
2. Type
3. Size
4. Litter type
5. Whether a liner is present
 | Box 1:Box 2:Box 3:Box 4:Box 5: |
| Have there been any recent changes to the litter boxes? | ☐ Yes ☐ NoIf yes, please describe them: |
| How often is waste scooped out? |  |
| How often is the litter replaced? |  |
| How often is the box completely emptied out and washed? |  |
| What do you use to clean/wash the litter box itself? |  |
| Does your cat prefer to use a freshly cleaned litter box? | ☐ Yes ☐ No |
| Will your cat eliminate in the presence of people or other animals? | ☐ Yes ☐ No |
| Does your cat bury his/her eliminations? | ☐ Yes ☐ No |
| Does your cat scratch and dig in and around the box? | ☐ Yes ☐ No |
| Does your cat ever run out of the box after eliminating? | ☐ Yes ☐ No |
| **Problem elimination behavior** |
| What is your cat leaving outside the litter box? | ☐ Urine ☐ Feces ☐ BothFrequency: |
| How long has this behavior been occurring? |  |
| What time of day do you usually find the deposits outside the box? |  |
| When the problem first began, do you recall any unusual incident at the time or something that may have upset the cat (in the environmental or medically)? | ☐ Yes ☐ NoIf yes, please explain: |
| Have you ever witnessed the cat eliminating outside the litter box? | ☐ Yes ☐ No |
| What is your response when your cat eliminates outside of the litter box? |  |
| If your cat is urinating outside the litter box, where does it occur? | ☐ Vertical surfaces (e.g., walls, curtains)☐ Horizontal surfaces (e.g., floor, carpets) |
| How do you clean eliminations outside of the litter box? |  |
| Has your cat had urinary tract infections or other urinary issues? | ☐ Yes ☐ NoIf yes, please explain: |
| When was the last time a urine sample was examined by your veterinarian? |  |
| What has been done in the past (medical, environmental, behavioral) to change this behavior? |  |
| Has anything been effective in decreasing or eliminating the problem? | ☐ Yes ☐ NoIf yes, please explain: |

**Scratching Behavior**

|  |  |
| --- | --- |
| Is your cat declawed? | ☐ No ☐ Front only ☐ All four feetIf yes, at what age? |
| Do you have scratching posts? | ☐ Yes ☐ NoIf yes, what type (orientation, material) and where are they located? |
| Does your cat use the scratching posts? | ☐ Yes ☐ No ☐ N/A |
| Does your cat scratch in undesirable locations? | ☐ Yes ☐ NoIf yes, where and what have you tried to stop it? |

**Other Behaviors**

|  |  |
| --- | --- |
| Does your cat lick their lips or yawn more often that you would expect? | ☐ Yes ☐ No |
| Does your cat lick or chew his/her body more than you would expect? | ☐ Yes ☐ NoExplain:  |
| Does your cat lick other objects or people more than you would expect? | ☐ Yes ☐ NoExplain:  |
| Does your cat display any reaction to noises such as thunderstorms, fireworks, or other loud noises? | ☐ Yes ☐ NoExplain:  |
| Does your cat ever chase his/her tail, go after lights/shadows, show skin twitching, or snap at the air when nothing is present? | ☐ Yes ☐ NoExplain:  |
| Describe your cat’s behavior at the veterinary clinic. |  |
| Describe any other behaviors you find concerning that you have not yet mentioned. |  |

**Future Considerations**

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| --- | --- |
| What are your goals for treatment? |  |
| Have you considered rehoming or behavioral euthanasia for your cat? |  |
| Please tell us about your favorite qualities and interactions that you have with your cat! |  |

**Layout of the home**

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| --- |
| If you think it will be helpful, please draw a map or layout of your home and attach it to the end of this document or submit it separately. Indicate the location of the following areas: food, water, litter boxes, rest areas, cat trees, scratching posts, windows, and doors. You can email this to us ahead of time or bring it to the appointment. |

**Thank you for completing this form for your consultation!**

**We look forward to working with you.**