#

**Feline Initial Behavior Consultation History Form**

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

**General Information**

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

**Basic Pet Information**

| Cat’s name |  |
| --- | --- |
| Current age |  |
| Breed |  |
| Sex | ☐ Male ☐ Female |
| Spay or neutered? | ☐ Yes ☐ No |
| Age and date when acquired |  |
| Source | ☐ Breeder ☐ Shelter/Rescue ☐ Stray☐ Other: Name of source if applicable:  |
| History prior to acquisition, if known |  |
| Did you meet your cat’s parents? | ☐ No ☐ Yes, both ☐ Mother only |

**Household Information**

| Name | Age & Relationship to you | Occupation | Relationship with pet (e.g. follows, trains, no interaction, etc.) |
| --- | --- | --- | --- |
| (you) |  |  |  |
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| Is anyone in the household pregnant or planning to adopt or foster a child in the near future? (This is asked for safety reasons. You are not obligated to answer.) | ☐ Yes ☐ NoIf yes, please provide a due date if applicable or any relevant information: |
| Have you had cats as an adult 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? |  |
| Have there been any changes in your household since acquiring your cat? (e.g. new job, move)? | ☐ Yes ☐ NoExplain:  |

**Aggression (if applicable)** - Only fill out information about triggers that apply to your cat; otherwise leave the row blank. For any trigger applicable to your cat, please describe specific incidents of aggression including: your pet’s age when it was first observed and at the time of incident(s), targets of the aggression, location, how you responded, frequency of incidents, body language (growling, hissing, lunging, biting), and other relevant information.

| **Potential trigger(s)** | **Additional information** |
| --- | --- |
| Family members |  |
| Other pets in the home |  |
| Guests |  |
| Unfamiliar cats seen outside the home |  |
| Veterinary clinic |  |
| Other triggers of aggression not listed above |  |

**Bite History (if applicable)**

| 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 or cat/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. |  |

**Anxiety Screen**

| 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? |  |
| Does your cat do any of the following more than you would expect? If yes, list which ones:* Lip licks or yawn
* Lick or chew their body
* Lick objects
* Lick people
 |  |
| Does your cat display any reaction to noises such as thunderstorms, fireworks, or other loud noises? | ☐ Yes ☐ NoIf yes, explain:  |
| Does your cat do any of the following? If yes, list which ones:* Chase his/her tail
* Chase lights/shadows
* Exhibit skin twitching
* Snap at the air
 |  |
| Other fears or anxieties not already described. |  |
| Describe your cat’s behavior at the veterinary clinic, if not already described. |  |

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

| How many litter boxes are in your home? |  |
| --- | --- |
| Please provide the following details for each litterbox:1. Location
2. Box type & size
3. Litter type
4. 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 environment or medically)? | ☐ Yes ☐ NoIf yes, please explain: |
| Have you ever witnessed your 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 Behavior Concerns**

| Describe any other behaviors you find concerning that you have not yet mentioned. |  |
| --- | --- |

**Daily Activities**

| 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?  |

**Medical History**

| Primary care veterinarian information | Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Veterinarian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| Date of last veterinary visit: |  |
| Estimated weight (indicate lbs or kg) |  |
| 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)? | ☐ Yes ☐ NoExplain:  |
| Have you noticed your pet exhibiting any of the following in the last 3 months? | ☐ Itching ☐ Vomiting ☐ Diarrhea☐ Other: |
| Does your pet have a history of 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:  |

**Future Considerations**

| 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**

| 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 taking the time to complete this form.**