



If yes, please obtain a copy of all medical tests performed and submit them with this form.

If your cat is spayed/neutered, what age was this done? \_\_\_\_\_

Please indicate why the procedure was done:

Routine

Medical reason: \_\_\_\_\_

Attempt to modify behavior

Other: \_\_\_\_\_

If your cat is declawed, what age was this done? \_\_\_\_\_

Please indicate why you chose to declaw your cat:

Didn't want to trim nails

Couldn't trim nails

Destruction of furniture/personal items

Considered it routine

Health concern for person in house

Other \_\_\_\_\_

Are all vaccinations current?    Y        N

List any medications and dose that your cat has received in the past month or is currently taking:

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List any medications, homeopathic remedies, or devices you have used with your cat to treat behavioral problems:

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Does your cat have any preexisting or current medical problems?        Y        N

If yes, please explain: \_\_\_\_\_

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Has your cat ever had a seizure?        Y        N

If yes, please give date(s) of seizure(s): \_\_\_\_\_

**Household Information:**

Please list all members of your household, including yourself, and hours away from home:

Name	Gender	Age	Relationship (self, child, roommate, etc)	Hours away from home/day

Have there been any changes in the household recently (new schedule, new people, etc):

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Please list all household pets, including the patient, IN ORDER ACQUIRED:

Name	Species	Breed	Gender	Age	Age Acquired
#1					
#2					
#3					
#4					
#5					

If the only pet in the household is your cat, have you ever had pets before?      Y      N

If yes, what types of pets have you owned in the past? \_\_\_\_\_

**Patient Background Information:**

Where did you acquire this cat from?

Professional breeder	Humane Society/shelter	Rescue group
Breed rescue group	Stray/found	Craig's List/newspaper
Pet store	Friend	Hobby breeder
Other _____		

Why did you get this cat?

Family pet	Rodent control	Breeding/show
Other _____		

If you got your cat as a kitten, describe their personality when young (all that apply):

Friendly	Shy	Outgoing
Fearful	Smart	Calm

When did you first start having/noticing behavioral problems with your cat?

\_\_\_\_\_

**Home Environment:**

What kind of living situation do you have with your cat?

Single family home	Multi-family home	Apartment
Farm/rural property	Other _____	

Is your cat:

Indoor only	Indoor/Outdoor	Outdoor only
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If indoor/outdoor, what percentage of the day does your cat spend outside?

0-25%	25-50%	50-75%	75-100%
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What hours of the day is your cat normally outside? \_\_\_\_\_

What type of access does your cat have to outside?

Fenced yard:                      Supervised      Unsupervised  
Property that isn't fenced:      Allowed to roam/unsupervised              On leash/supervised  
No property/Apartment:      Hardly outside              Leash walked              Porch/Deck

Is your cat allowed in all rooms of the house?    Y      N

If no, which rooms are they not allowed in and why:

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Is your cat allowed on all tables and countertops?    Y      N

If no, how do you keep them off of certain tables and/or countertops?

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Where is your cat when left home alone?

Free in the house      Crated              Restricted to certain area of the house  
Outside              Other \_\_\_\_\_

**Litterbox Situation:**

Litterboxes	Location (upstairs bathroom, basement, etc)	Hooded Y/N	Size and Depth (large and shallow, small and deep, etc)
#1			
#2			
#3			
#4			
#5			

What type of litter do you use?

Clay, clumping

Clay, non-clumping

Crystals

Yesterday's News

Other \_\_\_\_\_

**Activity:**

Do you walk your cat on a leash?                      Y              N

If yes, answer the following:

How often do you walk your cat? \_\_\_\_\_

What is the average length of your walks? \_\_\_\_\_

Who walks the cat? \_\_\_\_\_

Do you play with your cat routinely?    Y              N

If yes, describe the most typical play session \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your cat have a play structure?    Y              N

If yes, describe the play structure(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diet:**

How is your cat fed?

Free choice (bowl is always kept full)    One meal per day, time \_\_\_\_\_

Two meals per day, times \_\_\_\_\_

More than two meals per day, times \_\_\_\_\_

What diet do you feed your cat and how much is offered per day or per meal?

\_\_\_\_\_

What type of treats (anything other than cat food) are offered to your cat and how often?

\_\_\_\_\_

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**Behavior Problem:**

Please use the chart below to list the behavioral problem(s) that you wish to address and how much of a problem you consider the behavior to be:

Behavior Problem	Very serious	Serious	Somewhat serious

Describe a typical episode of the primary behavioral problem:

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How often does the behavior occur? \_\_\_\_\_

Describe the first incident (including the date):

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Describe the most recent episode (including the date):

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Has the frequency of the behavior:

Increased

Decreased

Remained unchanged

Has the intensity of the behavior:

Increased

Decreased

Remained unchanged

Have you tried to change the problem behavior?

Y

N

If yes, please list all things you have tried and whether they have been useful or not:

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Have you considered finding another home for your cat?

Y

N

Have you considered euthanasia (putting your cat to sleep) because of this problem?

Y

N

Is there any other information you would like to add?

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