



Feline Behavior History Form

Owner Information:

Name: _____

Are you a current client of SAAH? Y N (If yes, then skip to patient information)

Address: _____

Phone: Home _____

 Work _____

 Cell _____

Email: _____

Best method of contact: _____

Patient Information:

Name: _____

Age: _____ Male or Female Neutered/Spayed or Intact

Breed: _____ Weight _____

Declawed: Y N If yes: Front declaw only All four declaw

Medical History:

When was the last physical examination performed on your cat? _____

Have there been any medical tests performed associated with the behavioral problems? Y N

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:

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

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

If yes, please explain: _____

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):

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:

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?

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?

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:

How often does the behavior occur? _____

Describe the first incident (including the date):

Describe the most recent episode (including the date):

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:

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?
